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ABSTRACT

This Kids Count report examines state, county, and regional trends in the well-being of Colorado's children. The first part of the report is presented in four chapters. Chapter 1 includes findings regarding the increasing diversity of the child population, linguistic isolation, the impact of parental unemployment, child poverty, and the affordable housing challenge. Chapter 2 concerns vulnerable families, and presents findings regarding teen parents, declines in the teen birth rate, parents with low educational attainment, single-parent families, at-risk births, child abuse and neglect, out-of-home placements, and children of incarcerated parents. Chapter 3 highlights learning and education, and discusses the importance of early learning, the value of high-quality early care, program funding, school readiness, elementary and middle school student achievement, and outcomes of higher education. Chapter 4 focuses on child health and reports findings on health insurance, Medicaid enrollment, the state child health insurance program, maternal and child health indicators, mental health, oral health, asthma, obesity, chronic health conditions, and immunizations. The report next describes the It's About Kids project to stimulate dialogue of children's issues through a diverse child advocacy network. The remainder of the report then presents comparative state and regional data for the year 2001 for the following indicators: (1) demographics; (2) single parent families; (3) births to single women; (4) births to mothers lacking a high school diploma; (5) teen births; (6) repeat teen births; (7) three risk factor births (mothers under 25 years, unmarried, with less than 12 years of education); (8) out-of-home placements; (9) children enrolled in TANF; (10) children under 5 years receiving WIC; (11) children qualifying for free/reduced lunch; (12) median household income; (13) child poverty; (14) children under 6 with all parents in labor force; (15) low birth weight births; (16) early prenatal care; (17) women smoking during pregnancy; (18) infant mortality; (19) child deaths; (20) teen deaths; (21) children enrolled

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in Medicaid; (22) children enrolled in state health plan; (23) high school graduates; (24) high school dropouts; (25) teen dropouts; and (26) idle teens. The report concludes with data notes and definitions. (KB)

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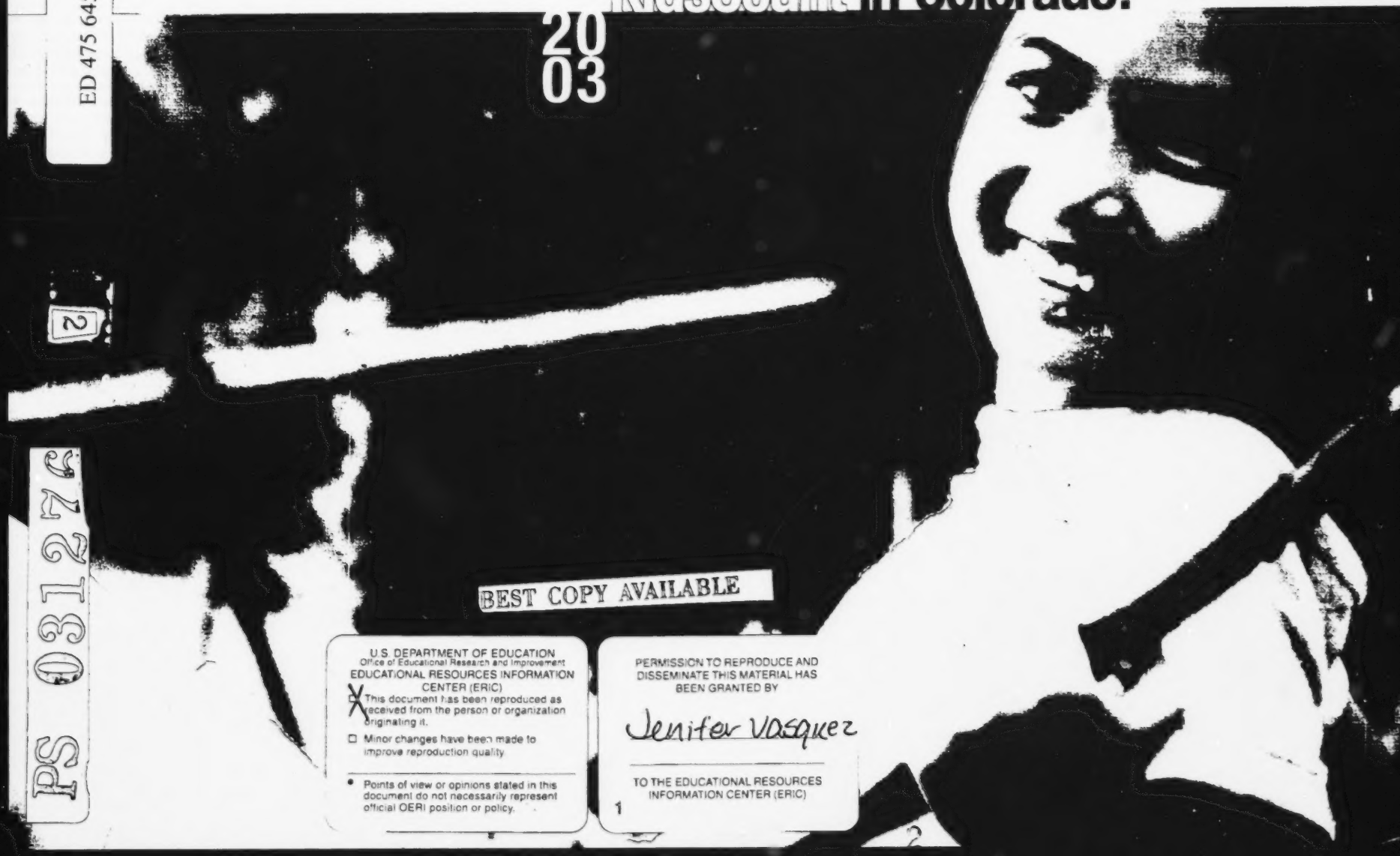

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kids count in Colorado

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The KidsCount in Colorado! project is directed by Kaye Boeke.

Colorado Children's Campaign 2003 KidsCount in Colorado!

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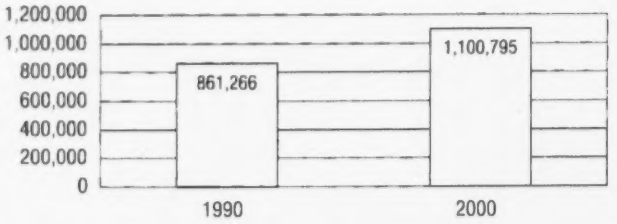
Just as the growth of a tree in Colorado forests is affected by weather conditions like sunlight and precipitation, our children's development depends on the conditions in families, communities, and neighborhoods. Everything in a child's social and physical environment counts.

Most of Colorado's children continue to grow and thrive under our brilliant blue skies, but nearly one in five Colorado children stands on unsteady ground.

Increase in Child Population

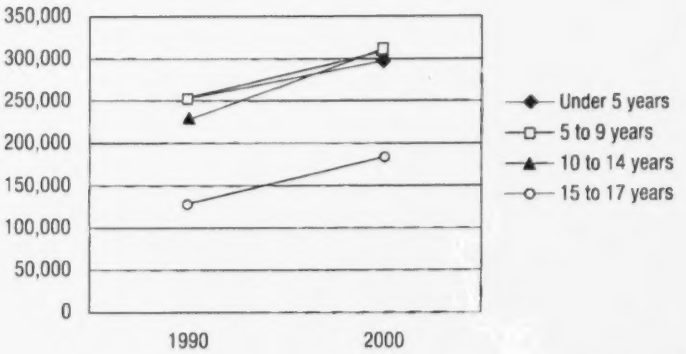
The growing child population calls for an increased health and educational infrastructure. Between 1990 and 2000, Colorado's child population increased by 28 percent, compared with an increase of 14 percent for the United States. The greatest increases were for middle and high school age youth, 41 and 43 percent increases, respectively.

Child Population: CO, 1990 & 2000



Source: US Census Bureau

Child Population by Age: CO, 1990-2000



Source: US Census Bureau

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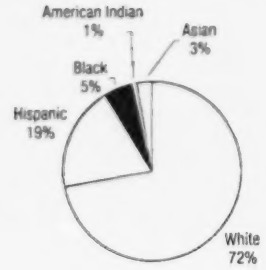
Increased Diversity of Child Population

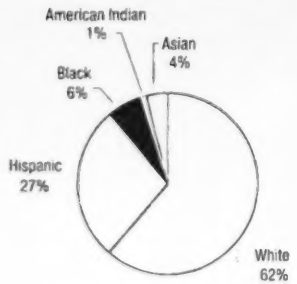
Diversity presents opportunities and challenges to schools, child care centers, health care providers and other community service providers. Successful programs will need to adapt their practices to meet the needs of a changing population.

- ▷ Colorado's foreign-born population increased by 160% from 1990 to 2000. The number of Colorado children who are foreign-born is unknown.
- ▷ Nearly 80 percent of children in immigrant families are U.S. citizens.
- ▷ By 2025, nearly 40% of Colorado's children will be from racial and ethnic minority groups.

Race and Ethnicity of Children: CO, 2000



Race and Ethnicity of Children: CO, 2025 (projected)

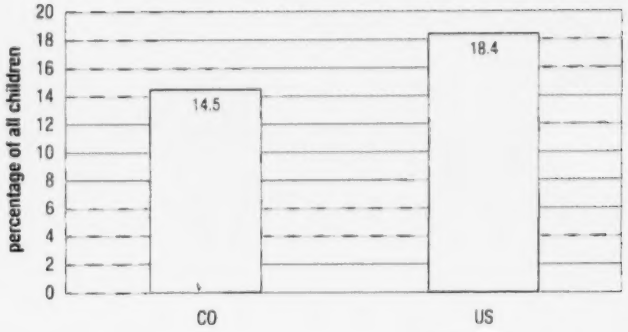


Sources: Colorado Demographers Office

Schools and public health systems are struggling to keep up with the large increase in numbers of children. In addition, many of Colorado kids speak English as a second language.

- ▷ One in six of Colorado's school-age children speaks a language other than English at home, with nearly 89,000 school-age children speaking Spanish at home.

School-Age Children Speaking a Language Other than English: CO & US, 2000



Source: US Census Bureau

Linguistic Isolation

School-age children are classified as being "linguistically isolated" if they reside in a home in which no one age 14 and over speaks English "very well." Children who speak a language other than English at home, and who have difficulty speaking English, face great challenges in school, and later, in the labor market.

- ▷ More than 36,000 children in Colorado are linguistically isolated.

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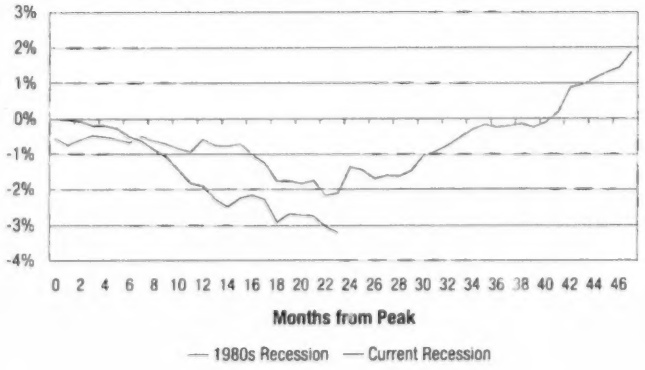
Negative Impact of Parental Unemployment for Children

Children feel the impact when their families cannot make ends meet. Colorado's unemployment rate and job growth fare better than most states, but hard times have hit a number of families. The 1990s were a period of unprecedented growth in Colorado's population and economy, but the glow of opportunity has dimmed, reminiscent of Colorado in the 1980s oil-bust. Many Colorado parents have lost their jobs and crucial benefits such as health insurance.

- ▷ Job growth has stagnated, leading to long-term unemployment for a segment of the population.
- ▷ More than 32,500 Colorado workers exhausted their regular unemployment benefits from March through August 2002, a 218% increase from the same period in 2000.
- ▷ During 2002 the unemployment rate ranged from a high of 5.7 percent in February to a low of 5.0 percent in June.
- ▷ The 1980s recession took about two years to bottom out and reverse itself. The current employment drop is more severe.

Colorado Employment, Change from Peak



Source: Colorado Legislative Council

Facing Increasing Needs

In response, families are in need of more social services.

- ▷ WIC caseloads are at a record high. In October 2002, 81,236 women, infants and children received services from the Women, Infants and Children Supplemental Food Program, up significantly from the caseload of 75,109 in October 2001.
- ▷ Enrollment in the Child Health Plan Plus (CHP+) is at an all-time high.
- ▷ Of people seeking emergency food relief, more than one-third were struggling to buy food and pay for housing.
- ▷ Food Bank of the Rockies served over 92,000 different people each week in metropolitan Denver, northern Colorado and Wyoming in 2001.
- ▷ 41.8% of the clients served are children under 18 years of age.
- ▷ While agencies served by Food Bank of the Rockies are seeing an increase of 25 to 30% more clients, corporate food donations to Food Bank of the Rockies are down two million pounds from 2000.

Hunger is not limited to urban areas. In 2002, Food Bank of the Rockies distributed more than 1 million pounds of food to low income families and individuals on the Western Slope through 76 local agencies.

Homelessness is also on the rise. The Colorado Coalition for the Homeless and the Metro Denver Homeless Initiative declared a state of emergency in December 2002. More people are seeking help, but donations are down and fewer resources are available. As many as 9,670 people are homeless in metro Denver on any given night. Sixty-five percent of the homeless are families with children.

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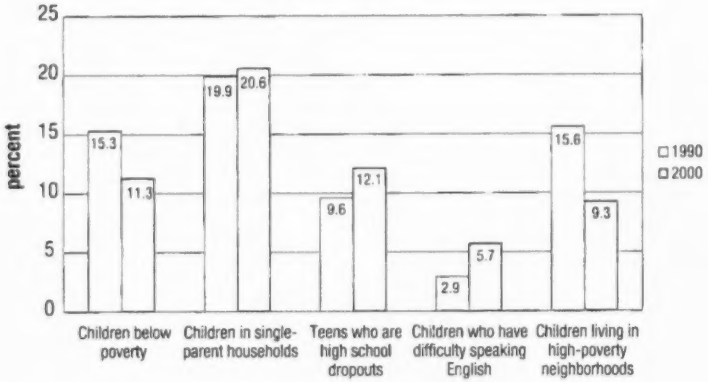
Changing Times

Census 2000 data show Colorado in happier, healthier times. From 1990 until 2000, child poverty declined, as did the proportion of children living in high-poverty neighborhoods. The unemployment rate on Census Day, April 1, 2000, was 2.6%. At the end of 2002, the rate was 5.5%. The current fiscal turmoil has left many Colorado families struggling to make ends meet.

Key Indicators of Child Well-Being: CO, 1990 - 2000



Source: US Census Bureau

Worker age, gender, marital status and presence of children all affect the economic security of families. In 2002, the minimum wage was $5.15 an hour, an annual income of $10,712 (based on full-time, year-round employment). At this rate, a single parent working full-time with one child could not earn enough to keep the family above the federal poverty line or afford basic expenses.

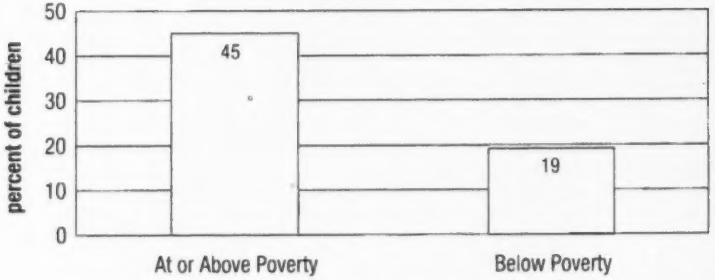
Child poverty is troubling. When compared to more affluent children, poor children are more likely to demonstrate low academic achievement, drop out of school, become teen parents and have health, behavioral and emotional problems, and, as adults, earn less and be unemployed more frequently. A family lives in poverty if the combined income of all family members is less than the federal poverty level (FPL). In 2001, a family of four was below the FPL if their annual income was less than $18,566. Most public programs set eligibility at a multiple of the FPL. For example, public school children qualify for free lunches if their family income is less than 130% of the FPL.

Federal Poverty Thresholds, 2001

Household Size	Poverty Threshold	130% of Poverty	200% of Poverty
	Annual Income		
2 persons	$12,207	$15,865	$24,414
3 persons	$14,255	$18,532	$28,510
4 persons	$18,566	$24,136	$37,132

Poverty holds the greatest risks for children experiencing poverty when they are very young or for children who experience long-lasting and deep poverty. In addition, low-income women experience clinical depression at rates twice as high as other women, with more than 40 percent reporting depressive symptoms. A child's literacy skills and language acquisition are influenced by the poverty status of the family as well as the mother's educational attainment.

Literacy School Readiness Skills* by Family Poverty Status: US, 1999



* Children ages 3 to 5 who can do 3 or 4 of the following: recognize all letters, count to 20 or higher, write own name and read or pretend to read storybooks. Differences can not be explained by the age distribution of the children.

Source: National Center for Education Statistics

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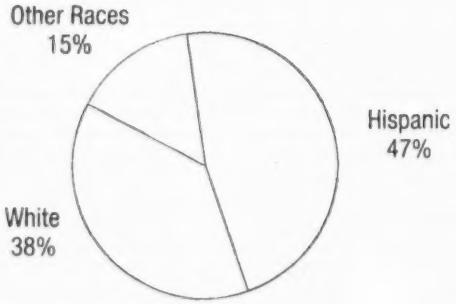
Racial Distribution of Children in Poverty: CO, 2000



Source: US Census Bureau

In 2000, 121,614 Colorado children under age 18 were poor. Of these, 56,586 are Hispanic, 46,752 are White, and the rest are of another race.

Family economic security is the family's ability to meet its financial needs in a way that promotes the health and well-being of parents and children. Components of this include:

- ▷ Stable and predictable income
- ▷ Savings, assets and other forms of wealth
- ▷ Human and social capital – education, skills, social support network

Programs that increase family income through employment and earnings supplements show positive effects on children. It is important to note that it is not simply the amount of income that matters for children, but the stability of that income. A stable, adequate family income allows access to high-quality early learning, health care and recreational opportunities for children.

Employed parents may find themselves burdened with more health care costs than before. Employers report a 12.7 percent increase in health insurance premiums from 2001 to 2002 and employers are passing some of this cost on to their employees. As a result, many workers are now paying more for their health insurance, if they are covered by health insurance at all.

Earned Income Tax Credit – Gone when it is Most Needed

The federal Earned Income Tax Credit (EITC) lifts more children out of poverty than any other government program by reducing the income tax liability of working families with annual incomes up to $32,000. Over 225,000 families and individuals in Colorado received the federal EITC in 1999.

Colorado is one of only eleven states that have established a refundable state EITC program. With our refundable EITC, the family receives a check if the size of the EITC exceeds its tax bill. However, Colorado's state EITC refund is contingent on state revenues. Currently, the credit will be suspended in tax year 2002 and 2003 due to fiscal shortfalls.

Colorado's Affordable Housing Challenge

Colorado housing prices are out of step with wages, and Colorado is one of the least affordable states for rental housing. The cost of housing has risen faster than wages or personal income in the last decade. In the last decade:

- Average rent increased 103 percent.
- Price of single family homes increased 131 percent.
- Wages grew by 71 percent.
- By 2001, a minimum wage earner ($5.15 per hour) could afford monthly rent of no more than $268.
- A minimum wage earner would have to work 124 hours per week in order to afford a two-bedroom apartment at fair market rent in Denver.

Lack of Affordable Housing Endangers Children's Health

Overcrowded, costly or substandard housing negatively affects children's health. One in seven houses in Colorado was built before 1940, and many families do not have the resources to afford needed repairs. Substandard housing can expose children to hazardous conditions, such as deteriorating lead paint or unsanitary rodents and insects, which can lead to serious illnesses. If families become homeless, their children's health problems increase exponentially.

Frequently, families are forced to double-up to lower the cost of housing. Overcrowded living conditions are taxing on every family member, making privacy impossible. Sadly, children pay an even higher price. The Boston Medical Center found that crowded homes can increase respiratory infections, aggravating asthma and causing children to fall behind in school due to illness-related absences.

Lack of Affordable Housing Hinders Children's School Performance

High housing costs and frequent moves also affect children academically. High mobility for students in struggling families has multiple consequences. Students fall behind academically and socially, forfeit social support systems and cause disruptions as they enroll in and leave several schools during each year.

Frequent moves can diminish school attendance. Attendance is a strong predictor of academic performance due to the continuity of lesson content. Multiple absences slow basic skills acquisition which ultimately may result in failure and dropout. Forty-one percent of highly mobile students are low achievers, compared with 26 percent of stable students. Mobile students are half as likely to graduate.

Colorado's teachers, classes, schools and districts also are affected by mobility. Classroom instruction for mobile students tends to be review-oriented and have a slower pace from month-to-month and grade-to-grade. Test results for all students are significantly lower in schools with high mobility rates.

In its most severe form, high housing costs can lead to homelessness for children. In fact, the homeless population's fastest growing segment is made up of families. More than 3,700 homeless children are in Colorado's public schools, according to the Colorado Department of Education.

Communities all over Colorado are struggling with affordable housing issues. Solving them would promote family stability and have a positive impact on academic achievement – two good things for kids.

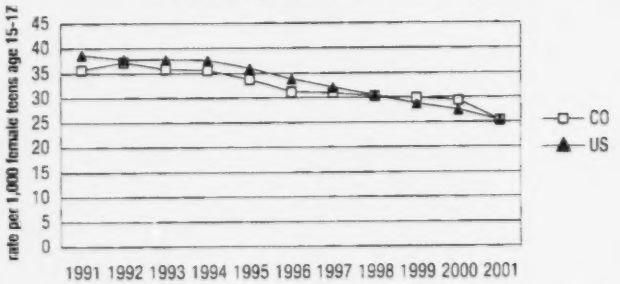
Children live and thrive in a variety of family structures, but some circumstances may make raising a child more challenging due to a lack of social or financial resources. The household in which a child lives plays a crucial role in the overall well-being of the child. Children of teens, single parents or parents with low educational attainment encounter great risks to their well-being.

Teens as Parents

Teenage parenting, even with adequate support, can be hard for both parents and children. Adequate support includes financial, emotional, medical and education support. Without this support, the array of risks and the possible poor outcomes of teen parenting increase. Babies born to teen mothers are much more likely to suffer health, educational and social setbacks than their peers. The human and economic costs are high.

- In Colorado and across the nation teen birth rates have declined over the last decade.
- In 2001, 2,340 babies were born to Colorado teens ages 15 to 17, compared with 2,612 in 2000.
- In 2001, Colorado's teen birth rate dropped to 25.4, a 14 percent decline from the previous year and the lowest rate in the state since statistics have been published beginning in 1980.

Teen Birth Rate: CO & US, 1991-2001



Source: Colorado Department of Public Health & Environment and National Center for Health Statistics

While some teen mothers are married and prepared to start a family, the proportion who are married has declined in the recent past.

- In 2001, 83 percent of births to teens in Colorado were to single teens.
- In 2001, the teen birth rate was more than six times higher for Hispanic teens than for White teens.
- The teen birth rate for Black mothers has declined dramatically since 1990.

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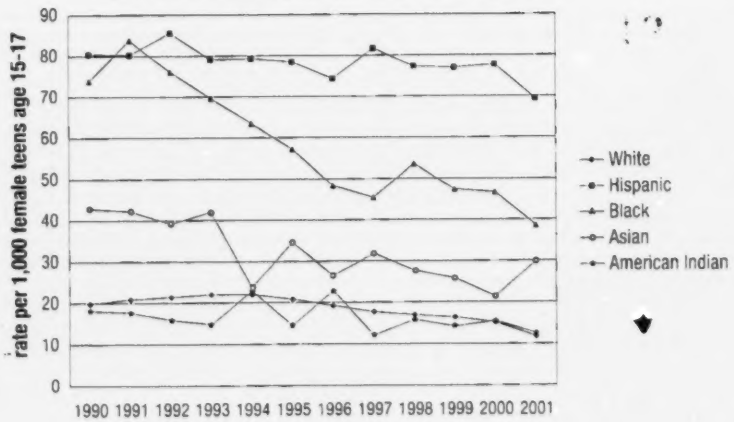
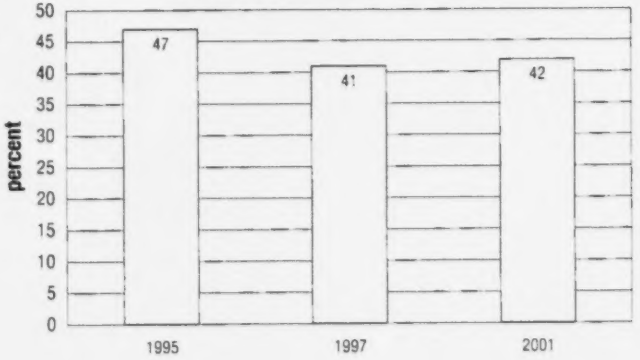
Teen Birth Rate by Race: CO, 1990-2001



Source: Colorado Department of Public Health & Environment

High School Students Who Report Having Had Sex: CO, 1995-2001



Source: Colorado Department of Public Health & Environment

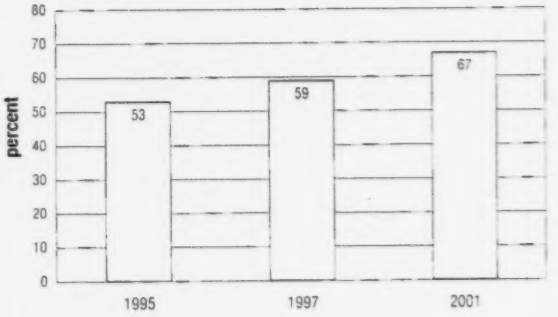
Why has the teen birth rate declined?

- ▷ 13 percent fewer teens were having sex in 1997 than in 1995, but about the same proportion were having sex in 2001 as in 1997.
- ▷ Condom use increased considerably: by 11 percent between 1995 and 1997, and by 14 percent between 1997 and 2001, for an overall increase of 26 percent over the six years.

Increased use of newer, hormonal methods of contraception should be reflected in future years of data:

Norplant, introduced in 1991
Depo-Provera injection, 1992
EC (Emergency Contraception), 1998
Lunelle, 2001
Contraceptive Patch, mid-2002

High School Students Who Used Condoms: 1995-2001



Source: Colorado Department of Public Health & Environment

- ▷ Colorado's "It's okay to say 'No Way!' sex can wait." media campaign started in late 2001, so did not affect births in 2000 or 2001.
- ▷ Colorado's Black teen birth rate declined the fastest of any state between 1991 and 1997.
- ▷ In turn, Denver's rate declined faster than any other county.
- ▷ In particular, the Black teen birth rate declined faster in areas of Denver with school-based health centers than in areas without a school-based health center.

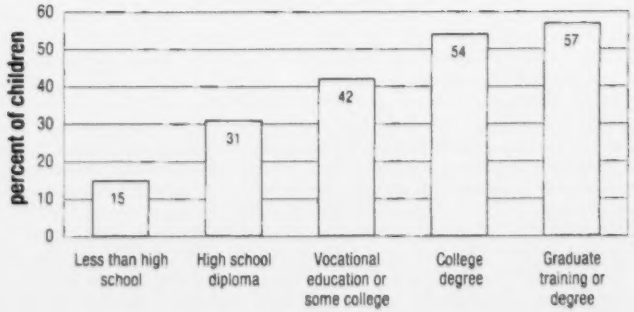
Parents with Low Educational Attainment

Success in today's economy requires more education than ever before, but one-fifth of Colorado's children are born to mothers who lack a high school diploma.

The education level of a child's mother can be a good predictor of many child outcomes:

- ▷ Infant mortality rates are significantly higher for women with less than a high school diploma.
- ▷ Mothers who have not completed high school are more likely to smoke during pregnancy and to receive inadequate prenatal care.
- ▷ Mothers with less education are less likely to be actively involved in their children's education.
- ▷ Maternal educational attainment directly corresponds with child literacy skills, according to analysis by the National Center for Education Statistics.

Literacy School Readiness Skills* by Mother's Education: US, 1999

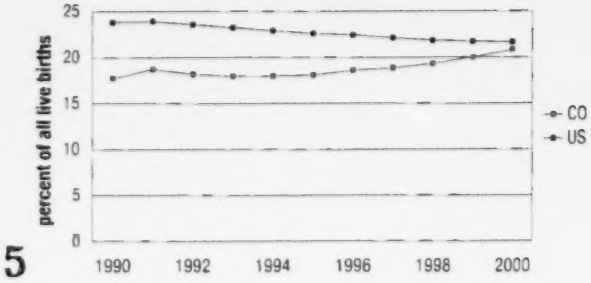


* Children ages 3 to 5 who can do 3 or 4 of the following: recognize all letters, count to 20 or higher, write own name and read or pretend to read storybooks. Differences can not be explained by the age distribution of the children.

Source: National Center for Education Statistics

- ▷ In 2001, over 21 percent of all births in Colorado were to moms with less than a high school diploma.
- ▷ The proportion of births to women with low educational attainment has risen over the last decade.
- ▷ Colorado ranked 34th in the percent of births to moms with no high school diploma in 2000.

Births to Moms with No High School Diploma: CO & US, 1990-2000



Source: National Center for Health Statistics

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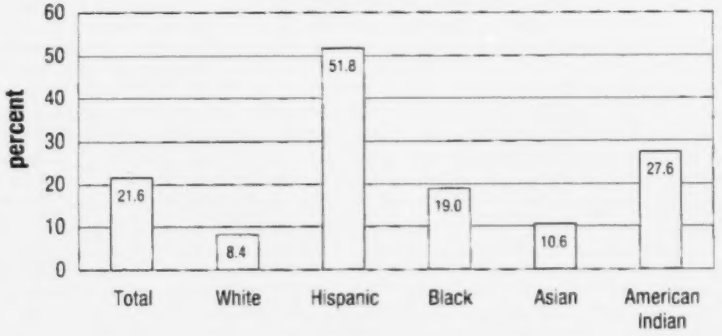
- ▷ Hispanic women who gave birth were much less likely than other women to have a high school diploma.
- ▷ Over 1/2 of Hispanic women who gave birth in 2001 had less than a high school diploma.

Births to Moms with No High School Diploma by Race: CO, 2001



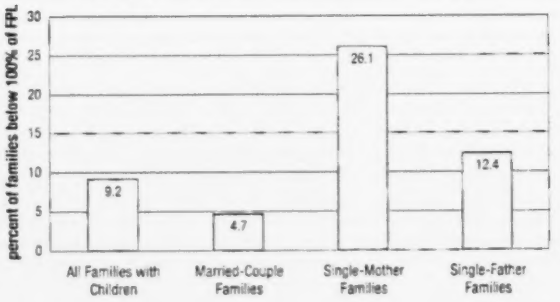
Source: Colorado Department of Public Health & Environment

Single-Parent Families

Children born to single women are considerably more likely to grow up poor and to become single parents than children born to two parents.

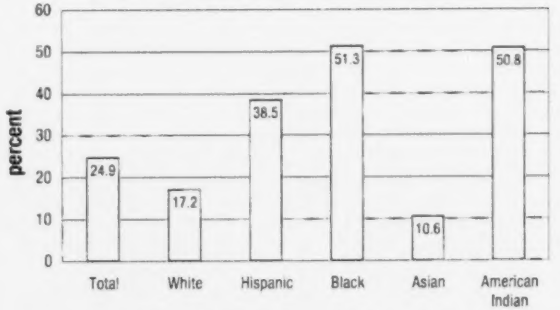
- ▷ A single-mother family is more than five times as likely to be poor than a married couple family.
- ▷ One-quarter of all births in Colorado are to single women, compared with one-third nationally.
- ▷ Colorado ranks fourth best out of 50 states on this measure of family well-being.
- ▷ More than one-third of babies born to Hispanic moms and more than half of babies born to Black and American Indian women are to single women in Colorado.
- ▷ Although most Colorado children live with two parents, 21% lived in a single-parent family in 2000.
- ▷ More than 40 percent of Black children live in a single-parent family.

Poverty Status for Families with Children: CO, 1999



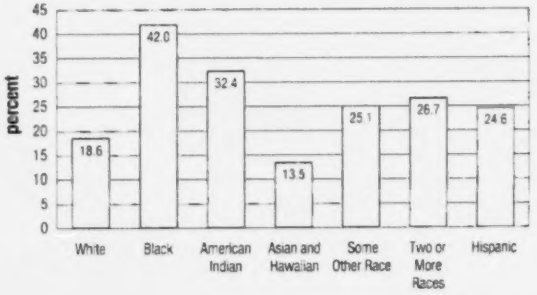
Source: US Census Bureau

Births to Single Women by Race: CO, 2001



Source: Colorado Department of Public Health & Environment

Children in Single-Parent Households by Race: CO, 2000



Source: US Census Bureau

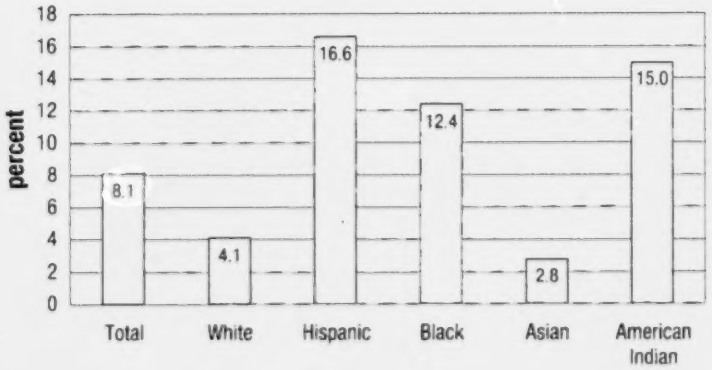
Three Risk Factor Births

In 2001, 5,400 babies were born to Colorado women who were under 25 years of age, unmarried and had less than 12 years of education. Children born to mothers with these three characteristics are at greater risk for a number of negative outcomes.

These characteristics are risk factors – markers of vulnerability – for poverty and its consequences. Children born to three risk factor mothers are more likely to drop out of school, give birth out of wedlock, to divorce or separate, and to be dependent on welfare.

- ▷ In 2001, 8.1 percent of all births to Colorado residents were to a three risk factor mother. This number has remained virtually unchanged over the past decade.
- ▷ The incidence of three risk factor births varies significantly by race and ethnicity.

Three Risk Factor Births by Race: CO, 2001



Source: Colorado Department of Public Health & Environment

Of Colorado families headed by a female, only 35% received child support or alimony payments in 1997 through 1999, which was comparable to families nationally.

Grandparents as Caregivers

An emerging trend in Colorado and throughout the nation is grandparents living with their grandchildren. For many of these children, their parents are unable or unwilling to care for them due to substance abuse, economic hardship, domestic violence, illness and death, divorce or other crises.

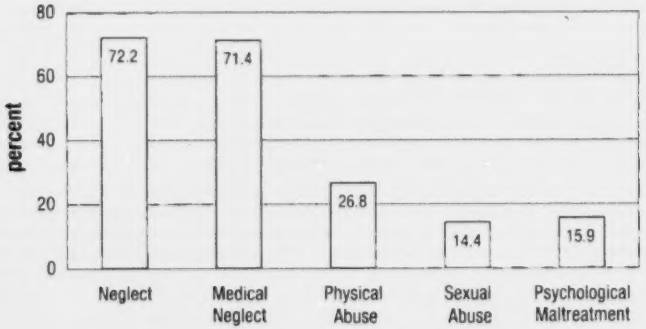
- ▷ Nearly 67,000 grandparents lived with their grandchildren in Colorado in 2000.
- ▷ In 42.6 percent of these households, grandparents were financially responsible for their grandchild's care.
- ▷ Of these grandparents, more than one-third have been caring for their grandchildren for five or more years.

Abuse and Neglect

Sometimes family systems break down, and children are harmed or threatened with harm from abuse or neglect by a parent or legal guardian. Child maltreatment occurs in every part of Colorado, in cities, suburbs, small towns and rural areas. Child abuse and neglect make no distinction in income or ethnic origin.

Neglect can be as damaging to children as outright physical, sexual and emotional abuse, and neglect is far more common than abuse. Abused or neglected children are more likely to be socially withdrawn, be physically aggressive and have learning problems. Neglect is the most often-cited type of maltreatment.

Child Victims (age 0-18) by Maltreatment Type: CO, 2000



The total does not equal 100 because a child may have been the victim of more than one type of maltreatment.

Source: US Department of Health & Human Services

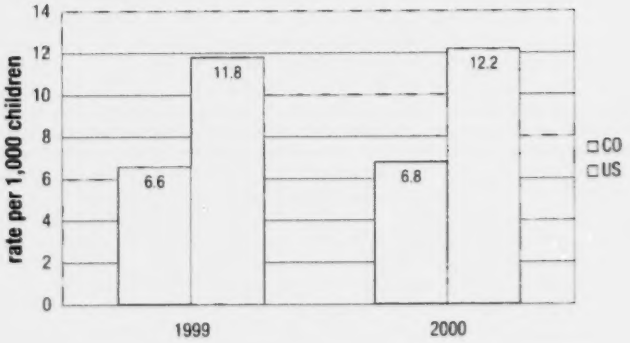
Children learn what they live. Research confirms that:

- ▷ Children who experience abuse or neglect learn that violence is an acceptable way of problem-solving and engage in violent behavior as adults.
- ▷ Young girls who are sexually abused often become teenage mothers.
- ▷ Girls who are victimized during childhood often allow themselves to be victimized as adults.

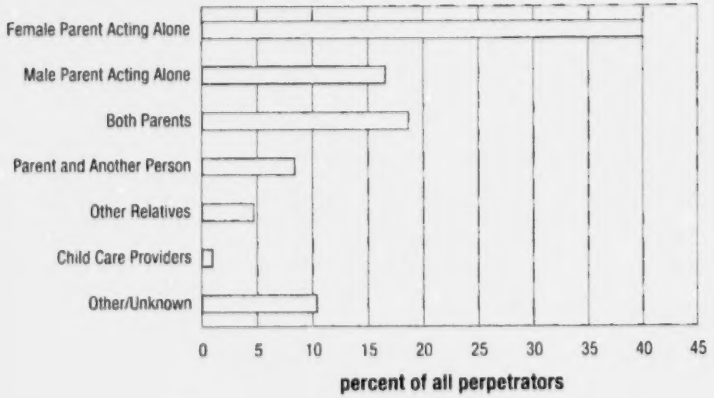
Children are at increased risk for maltreatment if their parents are overwhelmed by problems such as drug or alcohol abuse, mental illness, unemployment, or domestic violence. The perpetrators of child abuse and neglect are usually female. In fact, the most common perpetrator is a female parent acting alone. Sadly, for 80% of victims, at least one parent is a perpetrator.

- ▷ Colorado's child maltreatment victimization rate is substantially lower than the national rate.

Child Maltreatment Victimization Rate: CO & US, 2000



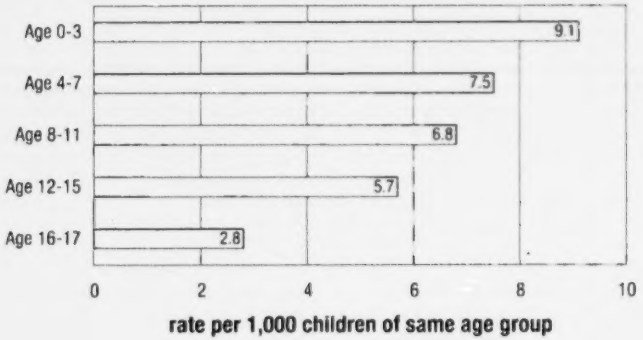
Child Maltreatment Victims by Perpetrator: US, 2000



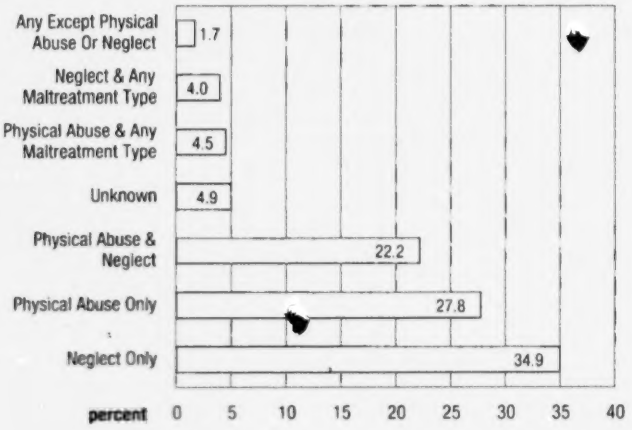
Sources: US Department of Health & Human Services

▷ The youngest children (age 3 and under) have the highest victimization rates, and the victimization rate lowers with age.

Child Abuse & Neglect, Rate by Age of Victims: CO, 2000

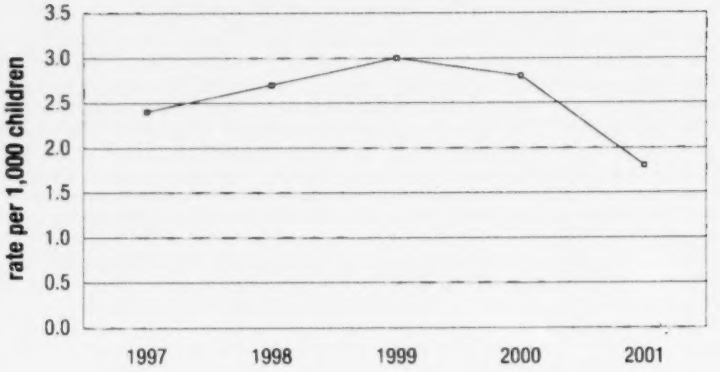


Child Abuse Fatalities by Type of Maltreatment: US, 2000



Source: US Department of Health & Human Services

Child Abuse Fatalities: CO, 1997-2001



Source: Colorado Department of Human Services

The most extreme cases of abuse and neglect end in death. Most deaths due to maltreatment are a result of neglect. It is important to note that child maltreatment fatalities are likely underreported and labeled as accidents.

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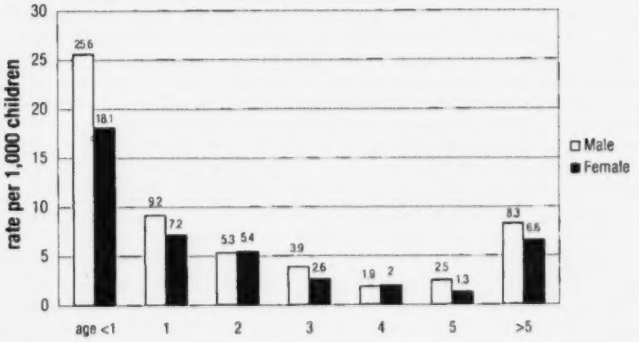
▷ In 2001, 20 child deaths were attributed to abuse or neglect in Colorado. This maltreatment death rate of 1.8 per 1,000 marks a decline from recent years.

Child Abuse Fatalities by Age & Sex: US, 2000



Source: US Department of Health & Human Services

Very young children are the most frequent victims of child fatalities. Due to Colorado's current fiscal crisis, Colorado's Child Fatality Review Committee lost most of its funding in 2002.

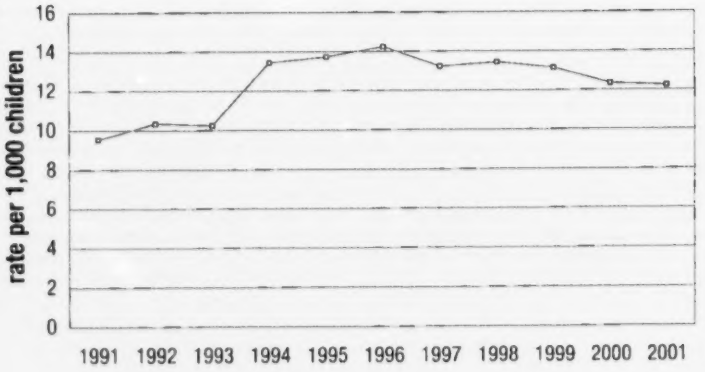
Prevention is key. Many abusive and neglectful parents lack essential parenting skills, may have been abused as a child, and are struggling with social and financial issues. Support services that address the stress within families help prevent child abuse and neglect.

Children in Out-of-Home Placement

Children need stability and safety to develop and thrive. Removal from the home may be necessary for the child's safety and well-being; however, it can be disruptive and traumatic for both the child and the family. Children who have been abused and neglected are particularly vulnerable and in need of a safe, stable environment.

▷ The out-of-home placement rate has increased since the early 1990s.

Out-of-Home Placements: CO, 1991-2001



Source: Colorado Department of Human Services

Children of Incarcerated Parents

As a result of parental incarceration, and the crimes and arrests that often precede it, children may experience a disruption in their home life such as an out of home placement.

▷ Seventy-five percent of women prisoners are mothers.
▷ Children are greatly impacted – academically, behaviorally, and socially – by the incarceration of their mother.
▷ Foster care for a prisoner's child costs between $15,000 and $20,000 per year.

Cycles of incarceration may exist in some families.

▷ Children with an incarcerated mother are 5 to 6 times more likely to become incarcerated than other children who live in poverty, but whose mothers have never been in prison.
▷ 51% of girls and 24% of boys in juvenile detention in Colorado had a mother who had been or is currently incarcerated.

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Every child needs a solid education, and Colorado needs children who are well-educated. Most children start kindergarten and first grade with big smiles and high hopes. But too many kids see those hopes dim as they slip farther and farther behind their classmates. Extreme poverty, family turmoil and a lack of quality early learning experiences are only three of the factors that cause too many capable children to start behind and stay behind. The social costs of failure – in both human and financial terms – seem insurmountable.

Education is the surest way out of poverty.

Early Learning

Parents are the most important people in a child's development. The Colorado Children's Campaign has written extensively in past KidsCount! reports about the many ways parents stimulate and nurture their child's development.

This chapter focuses on the influences and activities that promote success in school. How adults respond to children and the activities in which young children engage are all part of the learning that prepares them for K-12 education. For example, exposing young children to books helps them understand that pictures and symbols relate to letters and words and that words make sentences, and that those same letters can spell their name. This exposure supports language development and early literacy.

Many factors influence the core components of a child's readiness to succeed in school. High-quality early care and education programs have been shown to have a positive influence on the development of children, especially children in poverty. Children's cognitive and social-emotional development, their physical health and their eagerness to learn are built on a foundation of good parenting and early childhood experiences that promote learning. In addition, parents in most families with young children in Colorado work, thus the child care system plays a major role in the development and school-readiness of children.

"Education is the food that nourishes the nation's soul."

– Bob Herbert, New York Times, March 6, 2003

The Value of High-Quality Early Care

Through research we know that high-quality child care is educational and prepares children to succeed. The carefully controlled Abecedarian study showed that intervention for low-income children in a high-quality setting resulted in higher IQ scores, improved language, delayed parenthood and more. Recently, a 16-year longitudinal study found that disadvantaged children who attended Chicago's Child-Parent Centers were more likely to finish high school and less likely to be held back a grade, drop out of school or get arrested.

A seven-year study conducted by the National Institute of Child Health and Human Development reported that high-quality care is related to:

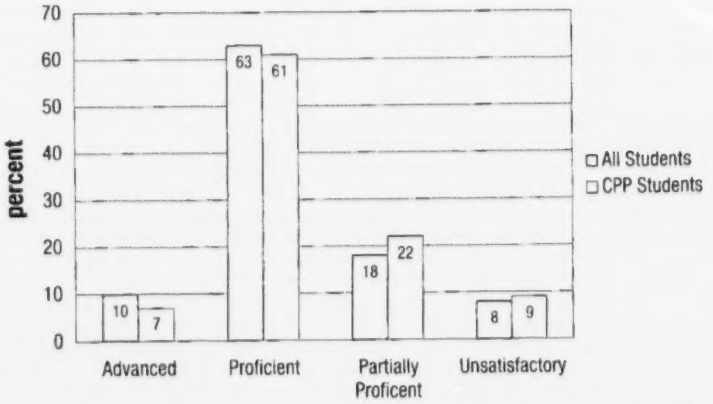
- ▷ Better mother-child relationships
- ▷ Lower probability of insecure attachment in infants
- ▷ Fewer reports of problem behaviors
- ▷ Higher cognitive performance
- ▷ Higher language ability
- ▷ Higher level of school-readiness

In Colorado, the Colorado Preschool Program (CPP) serves 3-, 4- and 5 year-old children who are at risk of educational failure because they come from low-income families, abusive families, homeless families or families with other risk factors.

CPP helps close the achievement gap. When some of Colorado's most disadvantaged children were provided a high-quality early education experience in the CPP:

- ▷ They performed at a level similar to classmates who do not have these risk factors.
- ▷ Spanish-speaking children realized a 69% improvement in their linguistic skills.

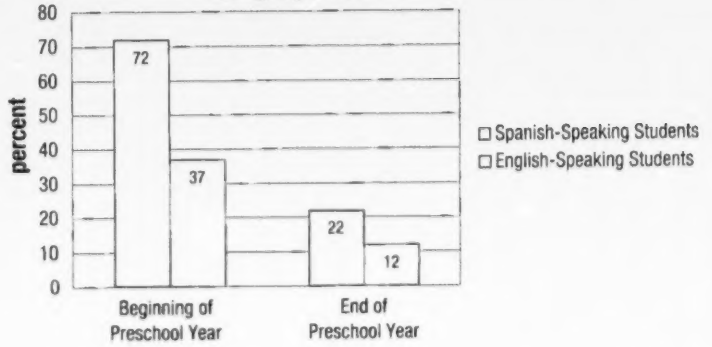
Third Grade CSAP Reading Achievement: CO, 2001



Source: Colorado Department of Education

The Colorado Department of Education will begin collecting data in 2003 which will give a clearer picture of the performance of low-income children.

CPP Students Scoring Six Months or More Below Their Chronological Age on Linguistic Skills by Native Language: 2000



Source: Colorado Department of Education

Funding Early Care and Education

Early care and education is supported mainly through parent fees, but government subsidizes care for children from many low-income families. The Colorado Child Care Assistance Program (CCCAP), provides financial assistance to low-income families in Colorado based on their income as a multiple of the federal poverty level (FPL). For example, a family with an annual income at 130% of the FPL is poorer than a family with an annual income at 185% FPL. Budget cuts are adversely affecting the availability of early care and education of children from Colorado's poorest families.

- ▷ Nearly half of Colorado's counties made their eligibility levels for CCCAP stricter from the end of 2001 to the end of 2002.

For example, in Jefferson County, approximately 800 families lost their child care assistance in 2002 when the eligibility level was lowered from 185% to 130% of the poverty threshold.

Colorado Child Care Assistance Program (CCCAP) Eligibility

County	2002 Eligibility as a Percent of 2002 Poverty Limits	2001 Eligibility as a Percent of 2001 Poverty Limits	2000 Eligibility as a Percent of 2000 Poverty Limits	1999 Eligibility as a Percent of 1999 Poverty Limits	Change 1999 to 2002	Change 2001 to 2002
Adams	185	185	185	185	–	–
Alamosa	150	185	185	185	↓	↓
Arapahoe	140	185	185	182	↓	↓
Archuleta	168	168	174	177	↓	–
Baca	195	200	185	185	↑	↓
Bent	225	225	225	185	↑	–
Boulder	185	185	181	185	–	–
Broomfield	185	185	na	na	–	–
Chaffee	165	165	150	150	↑	–
Cheyenne	185	185	178	182	↑	–
Clear Creek	185	179	185	185	–	↑
Conejos	225	225	181	185	↑	–
Costilla	185	225	178	182	↑	↓
Crowley	185	185	185	185	–	–
Custer	141	137	150	144	↓	↑
Delta	185	225	185	182	↑	↓
Denver	185	185	185	185	–	–
Dolores	164	169	174	177	↓	↓
Douglas	145	176	181	177	↓	↓
Eagle	185	225	185	185	–	↓
El Paso	160	155	160	157	↑	↑
Elbert	180	180	165	165	↑	–

Colorado Child Care Assistance Program (CCCAP) Eligibility

County	2002 Eligibility as a Percent of 2002 Poverty Limits	2001 Eligibility as a Percent of 2001 Poverty Limits	2000 Eligibility as a Percent of 2000 Poverty Limits	1999 Eligibility as a Percent of 1999 Poverty Limits	Change 1999 to 2002	Change 2001 to 2002
Fremont*	185	185	185	185	–	–
Garfield	185	185	181	185	–	–
Gilpin	174	179	185	182	↓	↓
Grand	180	185	174	177	↑	↓
Gunnison	130	179	181	185	↓	↓
Hinsdale	130	176	181	185	↓	↓
Huerfano	200	200	185	185	↑	–
Jackson	140	185	174	177	↓	↓
Jefferson	130	150	185	185	↓	↓
Kiowa	171	176	181	185	↓	↓
Kit Carson	185	185	185	185	–	–
La Plata	180	185	185	185	↓	↓
Lake	185	176	181	185	–	↑
Larimer	140	185	185	185	↓	↓
Las Animas	150	150	150	150	–	–
Lincoln	185	185	185	185	–	–
Logan	130	185	185	185	↓	↓
Mesa	225	225	225	185	↑	–
Mineral	185	225	181	185	–	↓
Moffat	180	185	185	185	↓	↓
Montezuma	150	150	145	148	↑	–
Montrose	150	179	185	182	↓	↓
Morgan	150	185	185	185	↓	↓
Otero	225	225	225	185	↑	–
Ouray	219	225	225	185	↑	↓
Park	180	185	178	182	↓	↓
Phillips	180	179	185	182	↓	↑
Pitkin	174	179	185	185	↓	↓
Prowers	200	194	200	185	↑	↑
Pueblo	170	194	200	185	↓	↓
Rio Blanco	225	218	185	185	↑	↑
Rio Grande	185	181	181	185	–	↑
Routt	300	291	300*	185	↑	↑
Saguache	150	140	145	148	↑	↑
San Juan	185	185	185	185	–	–
San Miguel	219	225	225	185	↑	↓
Sedgwick	219	225	181	185	↑	↓
Summit	180	185	185	177	↑	↓
Teller	174	179	185	182	↓	↓
Washington	185	185	181	185	–	–
Weld	185	185	185	185	–	–
Yuma	185	185	185	185	–	–

* Up to $50,000 annually.

Source: Colorado Department of Human Services

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School-Readiness

A task force of the National Association of State Boards of Education defines the readiness of children to succeed as far more than academic knowledge and skills.

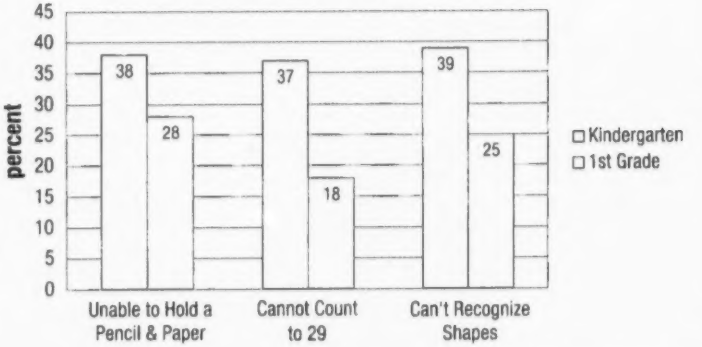
"Readiness is based on children's physical health, self-confidence and social competence. It is not determined solely by the innate abilities and capacities of young children. Readiness is shaped and developed by people and environments in the early childhood years. Self-confidence, the ability to make plans and anticipate consequences and the ability to cooperate with staff and peers are the key factors in early childhood success, and later school success."

– National Association of State Boards of Education, *Caring Communities: Supporting Young Children and Families.*

We know that many factors contribute to a child's success in school. Educators say that it is becoming more and more difficult for schools to succeed with increasing numbers of ill-prepared or troubled children attending school. In a statewide 2001 survey conducted by Educare Colorado and the Colorado Children's Campaign, Colorado's kindergarten and first grade teachers report:

- ▷ Thirty-three percent of children are not emotionally or socially prepared to learn.
- ▷ Forty percent of children are not academically prepared to learn.

School-Readiness of Kindergarteners and 1st Graders: CO, 2001



Source: Educare and Colorado Children's Campaign

The educational achievement gap is fairly large by race and family income in Colorado and across the nation.

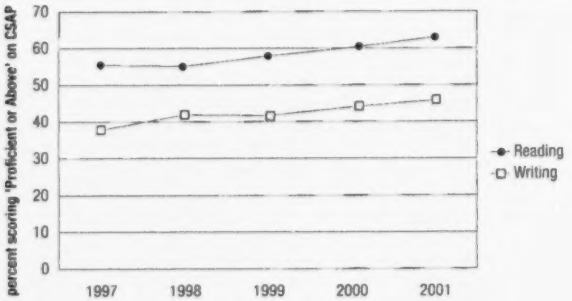
In Colorado, the 2001 *Closing the Gap* resolution is based on the belief that: "Education is the necessary passport to full participation in the opportunities available in American Society; [if] our constitutional republic is to endure and prosper, it cannot be a society that tolerates two systems of education - one of high expectations for children from affluent families and one of lower expectations for children of a lower socioeconomic status or of any minority group..."

– *Closing the Gap*, Colorado Joint House Resolution 01-0114, 2001.

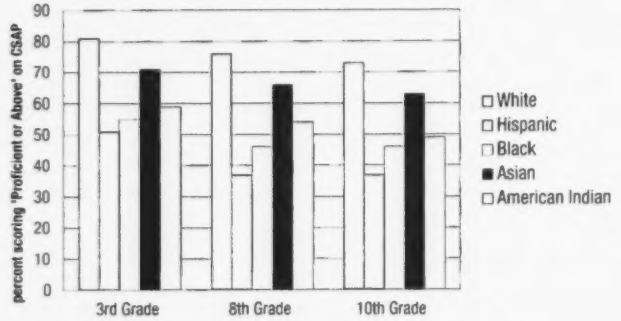
Elementary and Middle School

There has been a sustained statewide effort to improve student achievement in elementary school. That effort is paying off, as evidenced by the results of the 4th grade Colorado Student Assessment Program (CSAP).

4th Grade Reading & Writing Proficiency: CO, 1997-2001



Reading Proficiency by Race: CO, 2002

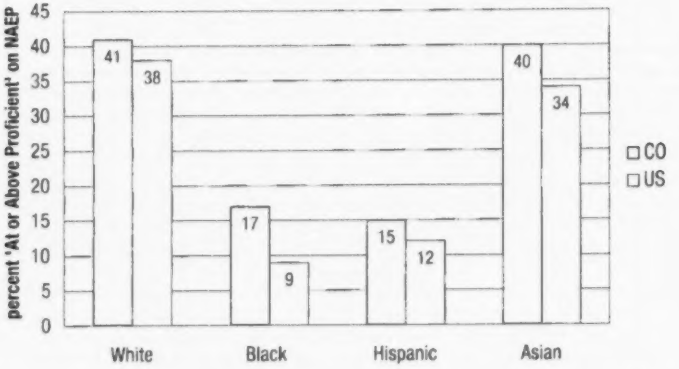


Sources: Colorado Department of Education

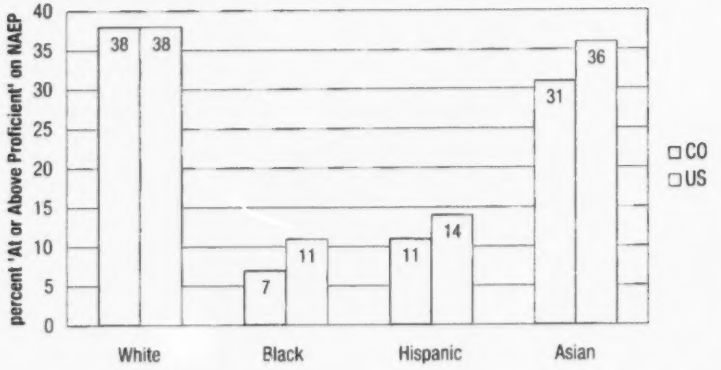
- As early as third grade, and throughout the primary and secondary grades, non-white students are less likely to score "Proficient or Above" in reading.
- This achievement gap is especially severe for Hispanic and Black students.

The National Assessment of Educational Progress (NAEP) allows for comparison of Colorado and US student achievement.

4th Grade Reading Proficiency by Race: CO & US, 1998



8th Grade Reading Proficiency by Race: CO & US, 1998



Sources: National Center for Education Statistics

- In 4th grade, Colorado's students outperform the national average in reading, regardless of race.
- By 8th grade, U.S. minority students outperform Colorado's minority students.

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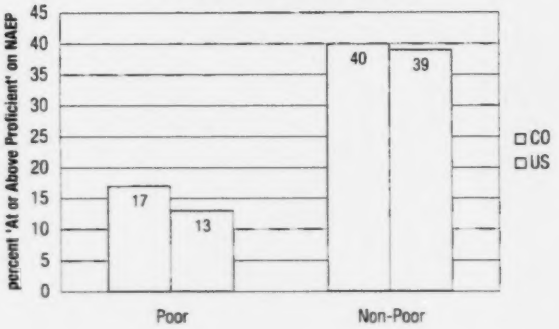
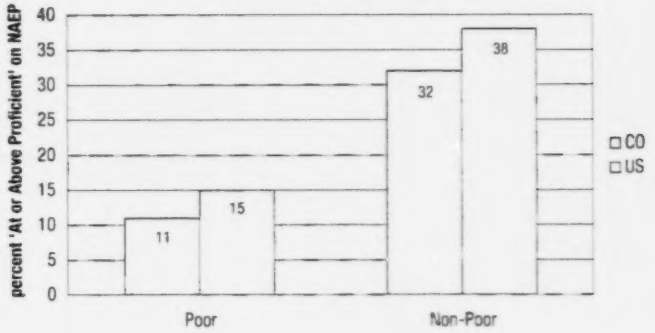
As family income declines, so does reading achievement:

- ▷ Students from low-income families are outperformed by their peers from middle-and high-income families.
- ▷ Within the income groups, Colorado 4th graders outperform their peers nationally.
- ▷ By 8th grade, Colorado students no longer outperform in reading.
- ▷ The racial and income disparities are very real in Colorado. The gap between Colorado's performance and the nation is wider in higher grades.

4th Grade Reading Proficiency by Poverty Status: CO & US, 1998



8th Grade Reading Proficiency by Poverty Status: CO & US, 1998



Sources: National Center for Education Statistics

The National Assessment of Educational Progress (NAEP) shows:

- ▷ Black 8th graders in Colorado out-perform Black students in all other states in science, and are among the highest scoring compared to Black students in other states in math and reading.
- ▷ Black and Hispanic children achieve lower than White and Asian students in Colorado and across the nation.
- ▷ However, Black 8th graders in Colorado are scoring more than two years behind White 8th graders in the state in reading and math, and three years behind in reading.
- ▷ Hispanic 8th graders in Colorado are scoring more than two years behind White 8th graders in the state in math, science, reading and writing.

High School and Beyond

Education remains the primary means of attaining equal economic opportunity in this country. A high school diploma is a critical stepping-stone toward economic success, but many Colorado students are not making that step.

The demand and pervasiveness of information technology in nearly every element of the economy require higher levels of reading and math literacy than ever before. Striking differences exist for employment rates based on level of education.

- ▷ 8 in 10 adults with bachelor's degrees are employed.
- ▷ 6 in 10 adults with high school diplomas are employed.
- ▷ 4 in 10 adults with less than a high school diploma are employed.

Unemployment Rates by Race and Education Level: US, 2000

Race	High School Dropout	High School Graduate	Associate's Degree	Bachelor's Degree or Higher
All	6.4	3.5	2.3	1.7
White	5.6	3.0	2.1	1.6
Hispanic	6.3	3.9	2.9	2.2
Black	10.7	6.5	3.5	2.5

Source: Alliance for Excellent Education

Unemployment rates are nearly double among those in each racial group who have graduated from high school compared with those who haven't. Although gaps still persist between Whites compared with Hispanics and Blacks based on level of education, these gaps become less pronounced as educational attainment rises.

Annual Earnings based on Level of Education

Education Level	Average Earnings	
	Men	Women
High School Dropout	$ 25,035	$ 17,015
High School Graduate	$ 33,184	$ 23,061
AA Degree	$ 48,635	$ 27,757
BA Degree	$52,985	$ 37,993

Source: Alliance for Excellent Education

Failure to obtain a high school diploma has consequences for both students and their future children. In Colorado, 20% of babies are born to women without a high school diploma. The table above shows that these women will likely earn poverty-level wages. Twenty-six percent of female-headed families are in poverty. Since maternal education and income correleate with child well-being, the challenges these young families face will be great.

Colorado faces serious challenges because:

- ▷ Colorado ranked 44th worst of the 50 states in the percentage of teens that are high school dropouts in 2000.

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A Call for High School Reform, released by the Colorado Children's Campaign in March 2003, shows the problem is much worse than we previously thought. An examination of Colorado's Class of 2001 shows:

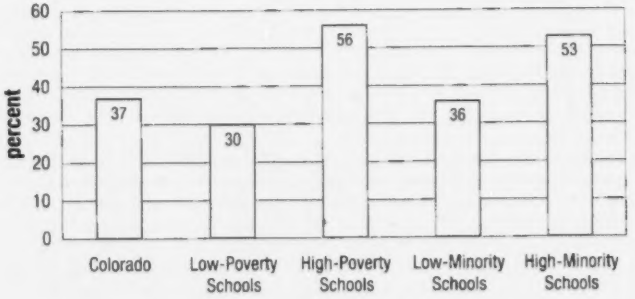
- The cumulative total of reported dropouts of the Class of 2001 is nearly 15%, or approximately 10,000 students.
- An estimated 17,791 students did not graduate and are not accounted for in the dropout statistics for the Class of 2001. (For more information see www. coloradokids.org)

Challenges for Schools: Teaching and Funding

A significant proportion of Colorado's high school teachers are teaching outside of their area of expertise – this is especially true of teachers in high-poverty and high-minority schools. Teachers in these high-poverty schools with large concentrations of minority students turn over often due to the high stress of their jobs and accountability pressures.

- Colorado spends $587 less per student in the lowest-poverty school districts in the state compared to students in the highest-poverty districts.
- So, for a Colorado classroom of 25 students, that might translate into a difference of $14,675 or for a school of 400 students, $234,800.

Secondary Students taught by a Teacher without a Major or Certification in the Subject: CO, 2000



State and Local Revenues per Student: 2000

Colorado and Peer States*

State	Highest-poverty districts	Lowest-poverty districts	Gap
Colorado	**$ 5,672**	**$ 6,259**	**- $ 587**
Arizona	$ 4,660	$ 5,505	- $ 845
Connecticut	$ 7,635	$ 7,641	- $ 6
Illinois	$ 5,400	$ 7,460	- $ 2,060
Oregon	$ 6,341	$ 5,971	+ $ 371
US	**$ 5,846**	**$ 6,812**	**- $ 966**

* As defined for the Governor's blue-ribbon panel on higher education.

Sources: Education Week

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Colorado's children are by and large in good health. The vast majority of children are born healthy, receive timely and appropriate immunizations and obtain regular health care. Denver and Colorado Springs are oft-cited among the nation's "fittest" or "healthiest" cities while Colorado is proclaimed to be "healthy" and "liveable" by many publications. Colorado's beautiful scenery and temperate climate beckon children to participate in outdoor activities with their families.

However, some of Colorado's children are not afforded the basic services needed for them to grow into healthy adults. These children suffer a disproportionate share of negative health outcomes of disease, disability or death. Health disparities impact specific groups based on race/ethnicity or geography and often affect the most disadvantaged populations – low income, minority, and other at-risk populations.

The data available on children's health status in Colorado is fragmented. In this report, we'll focus on what is known about the health of Colorado's neediest kids. From the data available, it is clear that health outcomes are worse for minority children and children in low-income families.

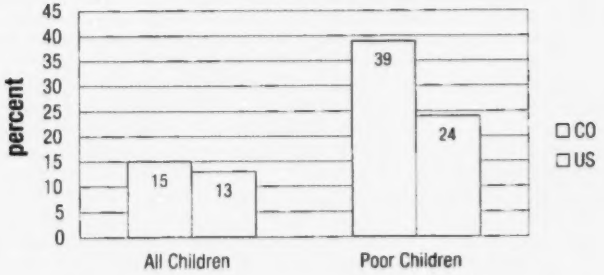
Support for Healthy Children: Health Insurance

Health insurance is a critical indicator of health, especially for children. Children are more vulnerable to disease than adults and may face a lifetime of physical, emotional, behavioral and mental health problems without access to quality health care. Without insurance, children are unlikely to receive preventive care and retain optimal opportunities to maintain good health.

- Colorado ranks 44th in the percent of low-income population enrolled in Medicaid or other public health programs.

Poor children in Colorado are less likely to be insured than poor children throughout the nation. The dramatic difference for Colorado's poorest children has human and economic implications because uninsured kids are unlikely to receive health care except in emergency rooms and in an emergency situation.

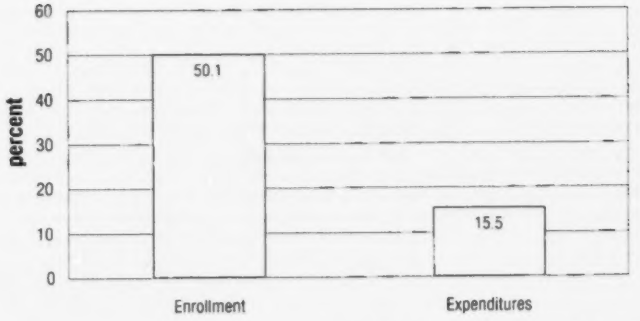
Children without Health Insurance: CO & US, 1999-2001



Source: US Census Bureau, Current Population Survey

Many children from low-income or minority families are enrolled in public health insurance – Medicaid or the Child Health Plan Plus (CHP+). With the weakened economy, fewer dollars are available to government programs such as Medicaid and CHP+. Couple this with growing unemployment and families losing their employer-sponsored insurance, and the number of children needing public health insurance is likely to rise.

Children in Medicaid – Enrollment and Expenditures: CO, 1998



Source: Colorado Department of Health Care Policy and Financing

Due to federal and state funding decreases, the Bush Administration's Office of Management and Budget estimates that enrollment in State Children's Health Insurance Program (CHP+ in Colorado) will decline by approximately 25% in the next few years. Unfortunately, this is occurring at a time when the CHP+ is needed more than ever.

Medicaid

Colorado Medicaid provides coverage for the state's poorest and sickest or disabled adults and children.

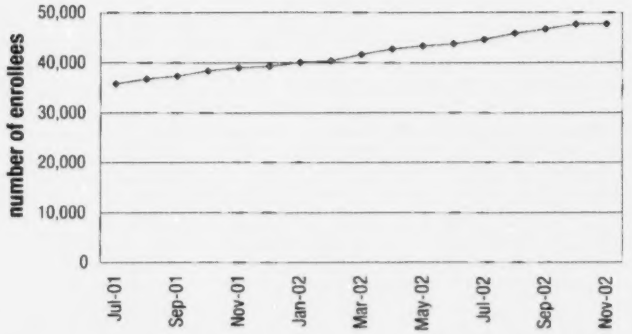
- ▷ 184,000 children, or 16 percent of all Colorado children, were enrolled in Medicaid in May 2002, with an estimated 68,000 more who are eligible.
- ▷ Medicaid covers nearly one-third of Colorado births, including prenatal and newborn care.
- ▷ The number of children enrolled in Medicaid increased by 12 percent in 2001 and 17 percent in 2002, and is projected to increase 12 percent in 2003 and 7 percent in 2004.
- ▷ Children represent one-half of Medicaid clients, but account for only one-sixth of Medicaid program expenditures.

Child Health Plan Plus (CHP+)

CHP+ is designed for Colorado children whose families earn too much money to qualify for Medicaid but may not be able to afford private insurance.

- ▷ Enrollment in CHP+ continues to increase, up 8,700 in 2002.
- ▷ Nearly 48,000 children were enrolled in the CHP+ program at the end of 2002, with an estimated 21,000 additional children eligible.

Child Health Plan Plus Enrollment: CO, 2001-2002



Source: Policy Studies Inc.

Supports for Healthy Children: Service Providers

Low-income and underserved families and children may receive health care through a range of public health services. This health care infrastructure for low-income children and families may be in danger of being eliminated or scaled back due to budget concerns.

Community Health Centers (CHCs)

- ▷ Colorado has 15 public health centers operating 97 satellite clinic sites.
- ▷ In 2001, 128,000 of the patients were children under age 19.
- ▷ CHCs are the health care provider for:
  - ▽ 1 of every 4 Medicaid recipients
  - ▽ 1 of every 2 low-income uninsured Coloradans
  - ▽ 1 of every 3 CHP+ recipients

School Based Health Centers (SBHCs)

- ▷ Provide services in an environment that is comfortable for students.
- ▷ Provide care specifically tailored to meet the emotional and physical needs of children and adolescents and to reduce health and social problems that impede learning.
- ▷ Provided 75,000 student visits in school year 2000-01.

Emergency Rooms

- ▷ In Colorado, 30% of children with public insurance utilize the emergency room compared to only 21% of children with private insurance, suggesting that children with public insurance are less likely to have access to a usual source of care for their medical needs.

County & Local Health Departments

- ▷ Provide health care for Colorado children and adolescents, especially those living in low-income families and rural areas with limited availability of health care services.

Health Care Access and Quality

In addition to availability of health insurance, access to health care and quality of care impact child health outcomes and contribute to health disparities.

Just because a child has health insurance does not mean that they have access to care. In the past few years, with the growing fiscal crisis, physician reimbursement rates have been decreasing, significantly impacting the number of physicians providing care for low-income children.

- ▷ Fewer Colorado physicians are accepting Medicaid and CHP+ patients.
- ▷ More and more health plans are ceasing to provide services to Medicaid and CHP+ children. In the Denver metro area:
  - ▽ 27% of pediatricians stopped accepting Medicaid patients.
  - ▽ 32% of pediatricians stopped accepting new Medicaid patients.
  - ▽ 20% of pediatricians discontinued contracts with CHP+.
  - ▽ 21% of physicians stopped accepting new CHP+ patients.

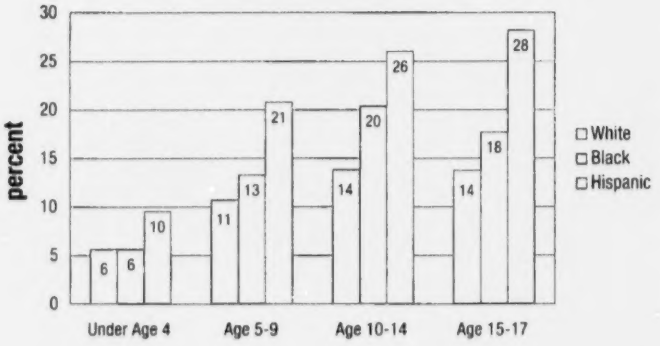
Source: Peregrine Management Corporation, June-September 2002

All of these factors significantly impact children's access to services even when they have health insurance.

Problems arise when health care and social support systems are unable to provide culturally competent services. As a result, Colorado's growing population with limited English proficiency may encounter obstacles such as challenges communicating with health care providers and difficulties understanding health care information such as instructions for prescriptions or treatment plans.

In 2000, approximately 13 percent of children nationally had not seen a physician in the first year of life. In all age groups, Hispanic children were nearly twice as likely as White children not to have a physician visit. This gap widens as children age. The American Academy of Pediatrics recommends that children have eight health care visits in their first year of life, three times in the second year and once a year through adolescence.

Children with No Physician Visits in the Past Year by Age and Race: US, 2000



Source: National Center for Health Statistics

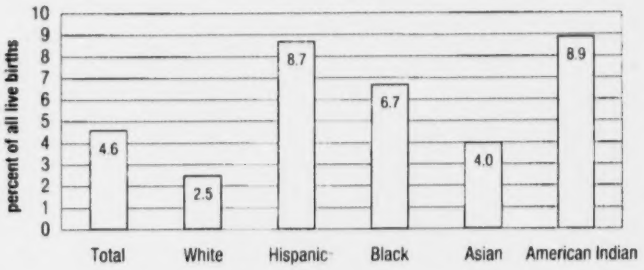
Maternal & Child Health Indicators

Prenatal Care

From the very beginning, children and their mothers require health care to get them off to the best start possible. Early and adequate prenatal care is crucial for educating pregnant women about proper nutrition, exercise and the avoidance of alcohol, tobacco and drugs. Prenatal care that addresses attitudes and educates parents about nutrition, smoking, substance abuse and psychological stress can be effective in improving the health of newborns.

- Women who receive care late in their pregnancy – or not at all – are at increased risk of bearing infants who are of low birth weight, who are stillborn or who die within the first year of life.
- A lack of prenatal care increases the likelihood of pre-term (less than 37 weeks gestation) and low birth weight (less than 5.5 lbs.) babies.
- Colorado lags behind the nation on this measure. In 2001, 4.6 percent of Colorado's pregnant women received late or no prenatal care. Nationally, 3.7 percent of pregnant women delayed their prenatal care in 2001.
- Denver ranked 43rd of the nation's 50 largest cities for the percent of births to women who delayed prenatal care in 2000.
- Colorado's Hispanic, American Indian and Black pregnant women are more likely to receive late or no prenatal care than Colorado's White or Asian women.

Births to Women Receiving Late or No Prenatal Care: CO, 2001



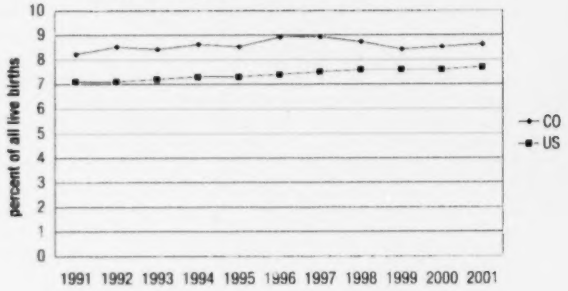
Source: Colorado Department of Public Health & Environment

Low Birth Weight Births

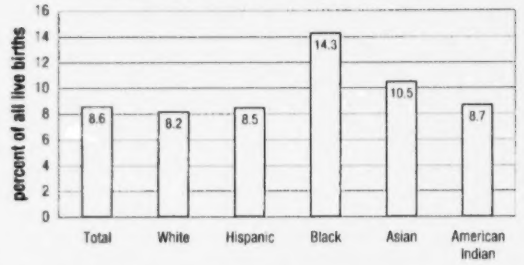
Babies born at a low birth weight (less than 5.5 lbs.) have a high probability of experiencing developmental problems and suffering from serious illnesses, both of which can require a lifetime of specialized care. Colorado consistently has one of the highest low birth weight rates in the nation.

- ▷ Low birth weight babies are 24 times more likely to die during their first year of life than heavier infants.
- ▷ Low birth weight is associated with future academic difficulty.
- ▷ In 2001, Colorado's low birth weight rate was 8.6, compared to the national rate of 7.6 percent.
- ▷ Compared to other states, Colorado ranked 38th in 2001.

Low Birth Weight Births: CO & US, 1991-2001



Low Birth Weight Births by Race: CO, 2001



Sources: Colorado Department of Public Health & Environment

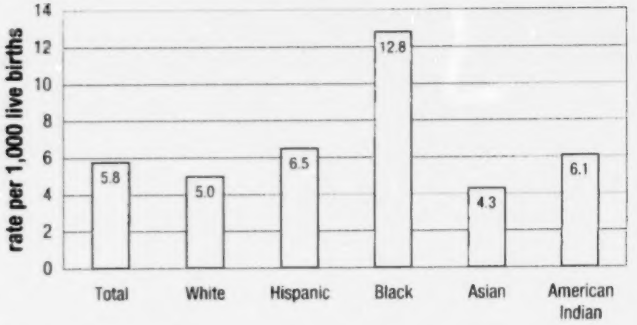
- ▷ Black infants are born at low birth weight nearly twice as often as infants of other races.

Infant Mortality Rate

Infant mortality is closely associated with the infant's health and environment. The infant mortality rate extends beyond simple health considerations to encompass economic and safety issues as well. The infant mortality rate is widely considered to be a barometer of a society's well being.

- ▷ The infant mortality rate for Colorado was 5.8 infant deaths per 1,000 live births in 2001, a 34 percent decrease from 8.8 per 1,000 in 1990.
- ▷ The infant mortality rate for the United States fell to its lowest level ever in 2000: 6.9 infant deaths per 1,000 live births.
- ▷ Black infants are significantly more likely to die in their first year of life than infants of any other race. Many of these black infants are born at low birth weight.

Infant Mortality Rate by Race: CO, 2001



Source: Colorado Department of Public Health & Environment

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Mental Health

Mental afflictions among children and adolescents are real and painful, affecting how they think, feel and act - and often disrupting life for their families and classmates. Children and youth with a mental health need can be challenging and disruptive in child care and school settings.

Child mental health is "the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills."

– US Surgeon General

Many mental illnesses are believed to have biological causes, but some mental disorders are caused by a person's environment and experiences. Brain development may be impaired as a result of abuse or neglect.

Parental mental health is a key factor for children. Cognitive and behavioral problems can be seen among depressed women's children as young as 36 months. These children also show more academic problems and are more prone to health problems than children whose mothers aren't depressed.

Nationally, the mental health needs of children are increasing.

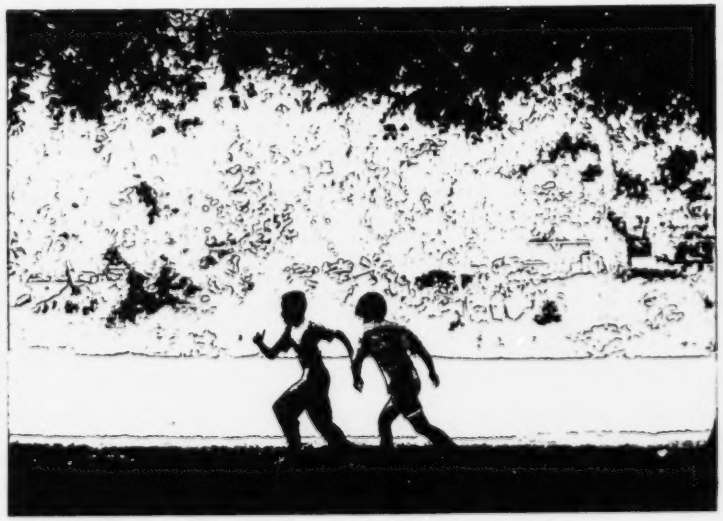
- ▷ In Colorado, an estimated 6% of young children and 8 to 10% of adolescents exhibit high levels of emotional and behavioral problems.
- ▷ Approximately 68,000, or 9% of Colorado children under age 21 in families with an income under 300% of the federal poverty level have serious emotional and behavioral problems (any diagnosable mental disorder that severely disrupts social, academic and emotional functioning).

In the worst cases, mental illness culminates in suicide. Research shows that almost all people who take their own lives have a diagnosable mental illness or a substance abuse disorder.

- ▷ Colorado is one of only three states that does not provide for substance abuse counseling through Medicaid.
- ▷ Suicide is the second leading cause of death for Colorado adolescents.
- ▷ In 1999, the Colorado teen suicide death rate was 14.2 per 100,000 compared with the national rate of 10.3 per 100,000.
- ▷ Colorado ranks 43rd of the 50 states for teen suicide.

In this time of tight budgets, behavioral health, mental health, and substance abuse treatment services are decreasing. Nationally, and in Colorado, there is an inadequate system of specialized services for children with diagnosed mental illness, other mental health needs or other behavioral and social needs that may later manifest as more severe mental health problems.

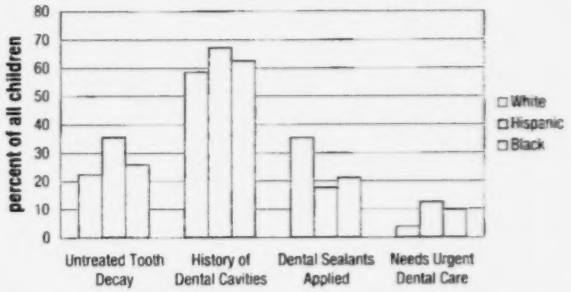
- ▷ Of the estimated 68,000 Colorado children with a serious emotional disturbance, 45% are not being treated for their mental health disorders in any system of care, according to Colorado's Office of Mental Health Services.



Oral Health

Tooth decay (dental cavities or caries) is the single most common chronic disease among children ages 5 to 17 – five times more prevalent than asthma. Good oral health is critical to maintaining the general health, well-being and development of every child.

Oral Health Status of Third Grade Children by Race: CO, 2002



Source: Colorado Department of Public Health & Environment

- ▷ Hispanic and Black third-graders are less likely to have dental sealants and are more likely to need urgent dental care than their White peers.
- ▷ 80 percent of tooth decay is found in just 25 percent of children, most of whom are from low-income and minority families.
- ▷ More than half of all children have cavities by the second grade.
- ▷ More than one-third of Hispanic third-graders in Colorado have untreated tooth decay, compared with one-fourth of all Colorado third graders.
- ▷ Preschool children with untreated cavities are likely to develop poor eating habits and speech problems.
- ▷ Children whose mouths hurt too much to eat may experience malnutrition and stunted growth.
- ▷ Across the nation, approximately 52 million school hours, nearly 850,000 school days, are missed every year because of dental problems.
- ▷ In 2001, only 21.8% of Colorado's Medicaid-eligible children received dental care.
- ▷ Medicaid-eligible children who live in areas with unfluoridated water are three times more likely to receive dental treatment in a hospital operating room, at approximately twice the cost per child, than Medicaid-eligible children who live in areas with fluoridated water systems.

The major reason for not obtaining dental services is financial. The CHP+ program recently implemented a dental benefit to address the growing need for dental services by low-income children.

Despite recent efforts to improve access to dental care, this continues to be a serious statewide problem for children enrolled in Medicaid and CHP+.

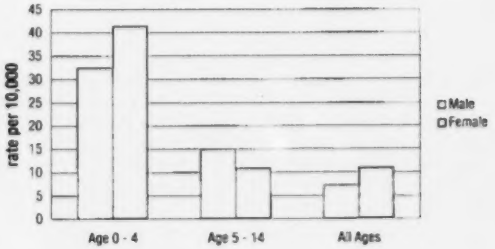
- ▷ In Medicaid, approximately 75% of eligible children do not see a dentist – in part due to the limited participation of dentists.
- ▷ Many dentists choose not to participate in Medicaid, primarily due to low reimbursement rates and the non-compliance of patients keeping appointments.

Asthma

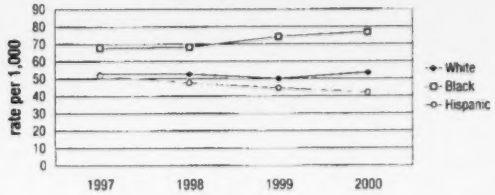
Asthma, one of the most common chronic health conditions of childhood, causes recurrent episodes of loss of breath and lung spasms that, if not controlled, can be fatal.

- ▷ Asthma rates have nearly doubled in the United States during the past two decades.
- ▷ Asthma currently affects over five million children under the age of 18 nationally.
- ▷ Young children under age five are nearly three times as likely to be hospitalized for asthma than the general population.

Asthma Hospitalization Rates: CO, 2002



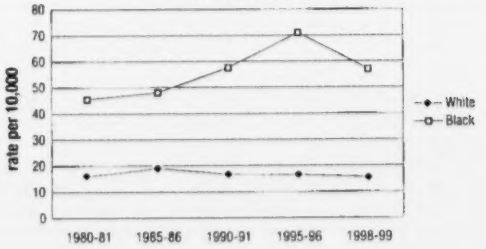
Asthma Attack Prevalence in Children Under 18 Years: US, 1997-2000



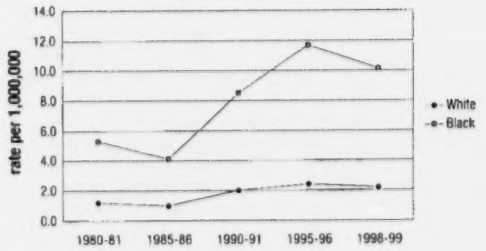
Sources: Pediatrics, August 2002

Asthma can be triggered by environmental factors such as particles in the air, cigarette smoke, animal dander, cold air, exercise and dust mites. Children who live in neighborhoods with poor air quality or homes with smokers or unclean conditions are at increased risk for triggering this serious health condition.

Asthma Hospitalizations Among Children Under 18 Years: US, 1980 - 2000



Asthma Mortality Among Children Under 18 Years: US, 1980 - 2000



Sources: Pediatrics, August 2002

Asthma is also one of the leading causes of school absenteeism, accounting for over 10 million missed school days per year nationally. The estimated cost of asthma to the national economy was a staggering $11.3 billion in 1998.

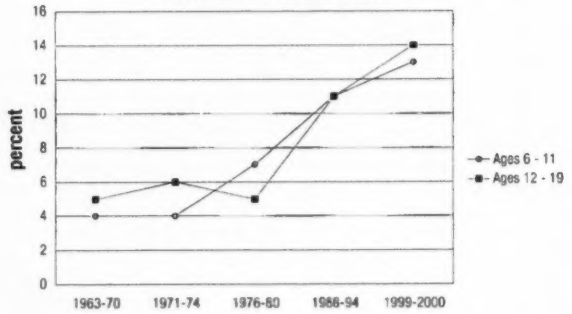
Racial and economic disparities are apparent in the number of both hospital and emergency room visits attributable to asthma, as well as deaths from asthma. Black children in low-income neighborhoods have shown the highest increase in rates of asthma in recent years. For these children, indoor and outdoor air pollution is widespread, and they may not be receiving adequate medical care.

- ▷ Black children are more likely than White or Hispanic children to suffer an asthma attack.
- ▷ Emergency room and hospitalization rates for asthma are much higher for Black children than for White children.
- ▷ Black children are five times more likely to die from asthma than White children.

Obesity

Childhood obesity is associated with negative health outcomes later in life, such as cardiovascular disease, high blood pressure, stroke and diabetes. The adverse health outcomes of childhood obesity are now showing up earlier than ever. Type II diabetes, long considered an adult disease, has become increasingly prevalent in children and adolescents.

Prevelance of Overweight* among Children & Adolescents: US, 1963-1999

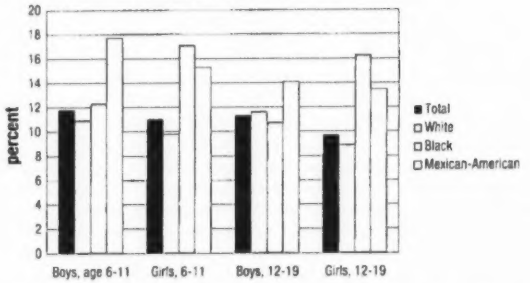


* Gender- and age-specific BMI at or above the 95th percentile.

Source: Youth Risk Behavior Survey

- ▷ Overweight children are much more likely to be overweight in adulthood, and currently half of adult Coloradans are overweight or obese.
- ▷ Nationally, more than twice as many children and adolescents were overweight in 2000 as in 1980.
- ▷ Nationally, 15% of children are estimated to be overweight or obese.
- ▷ For Colorado, estimates of childhood overweight or obesity prevalence range from 15 to 20%.
- ▷ Children in low income and minority families are more susceptible to unhealthy weight gain because they are more likely to eat less expensive, less nutritious foods that are high in fat and calories and are less likely to be active or have access to safe outdoor environments and recreational facilities.

Overweight Children and Adolescents by Age and Race: US, 1989-1994



Overweight and obesity refer to increased amounts of body fat, assessed by the body mass index (BMI), calculated as weight in kilograms divided by height in meters squared. "Overweight" is 24-29.9 BMI. "Obesity" is 30 BMI or more.

Source: National Center for Health Statistics

Along with physical health issues, overweight children often suffer limitations in quality of life and opportunities due to decreased mobility, motivation, and depression. Overweight children struggle with poor self-esteem and decreased motivation, which can lead to other unhealthy behaviors. Furthermore, research has correlated increases in physical activity among kids to a decrease in other risk-taking activities, such as drug and alcohol use and teen pregnancy.

Additionally, obesity has other social and economic consequences:

- ▷ Social, academic, and job discrimination.
- ▷ Wages lost by people unable to work.
- ▷ Rising health costs due to weight-related illness and disability.

Children with Chronic Health Conditions

Children with special health care needs have or are at risk for chronic physical, developmental, behavioral or emotional conditions that require health and related services of a type or amount beyond that required by children generally. Examples of special health care needs are cerebral palsy, autism, diabetes or asthma.

- ▷ Nearly 200,000 children in Colorado have a special health care need.
- ▷ Compared with other children, children with developmental disabilities missed twice as many school days and were nearly three times as likely to have their health status reported as fair or poor.
- ▷ Children with special health care needs frequently experience activity limitations and poor health status.
- ▷ Poverty increases the likelihood that a child will have a special health care need.
- ▷ Nationally 12% of poor children experience activity limitations due to chronic conditions, compared to 8% of children who are not poor. Poverty exacerbates the impact of chronic conditions on children's lives by decreasing the likelihood that children will receive appropriate medical care.
- ▷ Poor children with chronic conditions are 118% more likely to be uninsured and 42% more likely to lack a usual source of medical care.

Immunizations

Immunizations are the cornerstone to a child's health – it is estimated that for every dollar spent on immunizations ten dollars are saved in later medical costs. Childhood vaccinations protect individual children as well as their communities from preventable illnesses. The increasing number of safe and effective vaccines has drastically reduced or eliminated the burden of many devastating illnesses including measles, tetanus, and polio and improved the health status of millions of American children. Low immunization rates are indicators of poorer overall health status and limited access to health care.

- ▷ 75 percent of Colorado toddlers are fully immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella and polio, compared with 77 percent of toddlers nation-wide.
- ▷ Children from low-income families have a lower rate of immunizations than children in middle- or high-income families.
- ▷ In general, immunization levels are lower among Black, Hispanic and American Indian children. Disparities can be overcome by targeting outreach efforts to areas where immunization rates have traditionally been low.
- ▷ Immunization information systems, or registries, help keep track of immunization records for children who see different providers, move, or change coverage or health plans. Colorado does not have a state-wide immunization registry.

Children who are not immunized may not get the well-child checkups they need. Their parents may be uninsured and cautious of the cost of the doctor visit.

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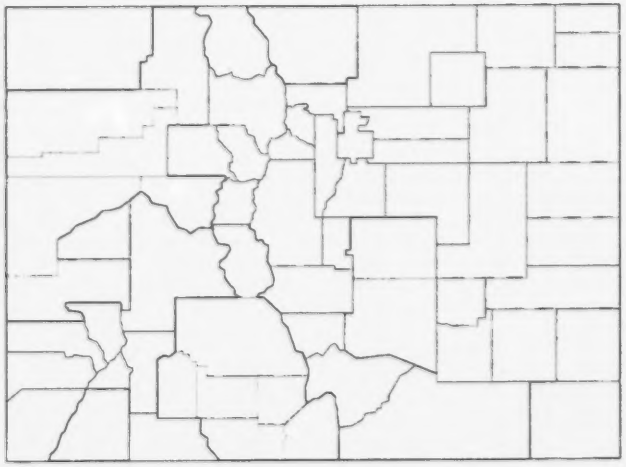
It's About Kids is a project that stimulates dialogue on children's issues through a diverse child advocacy network across Colorado. **It's About Kids** brings local communities together to develop a legislative agenda for kids and increase the voice of those communities in the legislative process.



It's About Kids Communities:

Chaffee; El Paso; Fremont; Garfield/Pitkin; La Plata; Larimer; Mesa; Montrose; Prowers/Baca; Pueblo; Routt; and the San Luis Valley

The It's About Kids communities:

- Develop a steering committee.
- Appoint a local community leader to serve on the statewide advisory committee that helps craft the annual legislative agenda.
- Develop an e-mail network and disseminate weekly updates and action alerts.
- Generate support for children's issues throughout their community.

The Colorado Children's Campaign encourages conversation and cooperation in communities by providing:

- Weekly legislative updates and action alerts to keep the communities involved and informed during the State Legislative session.
- Local advocacy, data and media workshops.
- Annual *It's About Kids* advisory committee meetings and monthly conference calls.
- Support for local efforts.
- Technical assistance and local data on the status of kids.

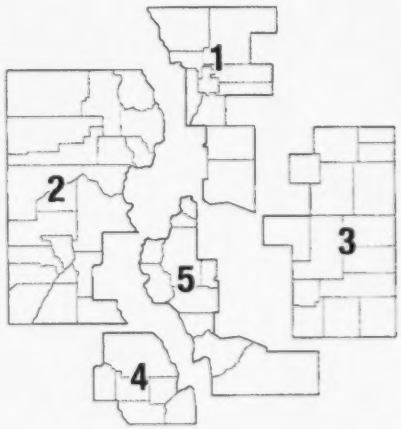
County and Regional Data

To shine a light on the health and well-being of children throughout Colorado, on the following pages we present data for Colorado's regions and counties.

Sub-state regions are useful in working with child well-being data for sparsely populated areas of the state. They also offer a way to assess a county in terms of its neighbors or to compare one part of the state to another.

Substate Regions

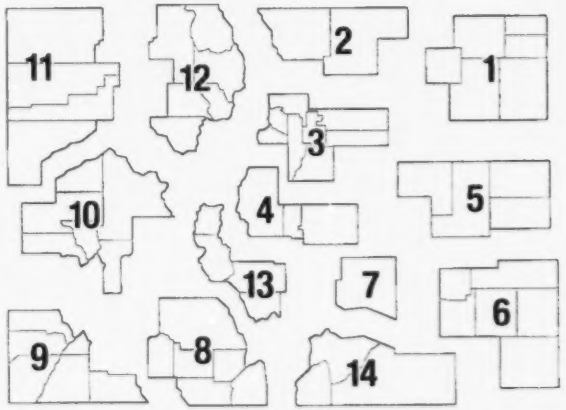
These are informal groupings of counties often used by counties and state agencies.



1. Front Range: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, Weld.
2. Western Slope: Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit.
3. Eastern Plains: Baca, Bent, Cheyenne, Crowley, Elbert, Kiowa, Kit Carson, Lincoln, Logan, Morgan, Otero, Phillips, Prowers, Sedgwick, Washington, Yuma.
4. San Luis Valley: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache.
5. Eastern Mountains: Chaffee, Clear Creek, Custer, Fremont, Gilpin, Huerfano, Lake, Las Animas, Park, Teller.

Planning and Management Regions

This 14-county arrangement, designated by Colorado Executive Orders of November 1972, November 1973, and October 1998, is used for general-purpose planning. This regional configuration is used by agencies such as the Colorado Department of Public Health and Environment and the Colorado Department of Local Affairs.



1. Logan, Morgan, Phillips, Sedgwick, Washington, Yuma. **2.** Larimer, Weld. **3.** Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Gilpin, Jefferson. **4.** El Paso, Park, Teller. **5.** Cheyenne, Elbert, Kit Carson, Lincoln. **6.** Baca, Bent, Crowley, Kiowa, Otero, Prowers. **7.** Pueblo. **8.** Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache. **9.** Archuleta, Dolores, La Plata, Montezuma, San Juan. **10.** Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel. **11.** Garfield, Mesa, Moffat, Rio Blanco. **12.** Eagle, Grand, Jackson, Pitkin, Routt, Summit. **13.** Chaffee, Custer, Fremont, Lake. **14.** Huerfano, Las Animas.

	Front Range	Western Slope	Eastern Plains	San Luis Valley	Eastern Mountains	Planning and Management Region 1	2	3	4
POPULATION						**POPULATION**			
2001 Total Population (#)	3,598,281	474,600	161,006	46,867	150,160	71,574	454,089	2,480,613	570,654
2001 Children Under 18 (#)	932,111	113,630	43,055	13,041	33,301	19,315	116,432	635,320	155,536
2001 Children Under 5 (#)	261,442	29,721	10,877	3,290	8,023	5,118	31,394	180,648	42,580
2001 Live Births (#)	56,372	6,310	2,134	668	1,521	997	6,436	39,563	8,914
VULNERABLE FAMILIES						**VULNERABLE FAMILIES**			
2000 Single Parent Families (%)	27.2	25.8	23.7	30.0	25.6	22.8	24.0	27.5	25.7
2001 Births to Single Women (%)	24.6	24.1	30.7	34.0	28.6	32.4	24.1	23.5	25.4
2001 Births to Moms with No High School Diploma (%)	21.4	23.2	27.6	23.8	15.8	32.4	22.0	22.5	13.9
2001 Teen Births (rate per 1,000 female teens 15-17)	25.9	20.8	29.2	30.5	19.0	28.5	27.4	25.9	20.7
2001 Repeat Teen Births (%)	20.0	17.9	22.8	24.5	15.9	24.1	21.6	20.2	18.0
2001 Three Risk Factor Births (%)	8.1	7.6	10.5	10.0	8.5	12.1	8.6	7.7	7.0
2001 Out-of-Home Placements (rate per 1,000)	12.3	11.0	14.0	16.4	15.4	18.9	9.6	12.5	9.8
FAMILY ECONOMICS						**FAMILY ECONOMICS**			
2001 Children Enrolled in TANF (per 1,000)	15.6	12.5	21.0	45.6	17.4	17.2	10.4	15.0	19.1
2001 Children Under 5 Receiving WIC (% monthly average)	15.3	16.7	35.6	40.7	26.4	34.4	8.8	13.3	22.9
2001 Children Qualifying for Free or Reduced Lunch (%)	20.1	20.5	29.7	48.2	21.7	31.0	20.5	19.8	16.0
1999 Children in Poverty (%)	10.6	11.6	17.2	25.6	13.6	15.1	10.8	10.0	10.2
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	59.4	57.4	58.0	59.3	59.7	59.0	58.6	59.2
CHILD AND MATERNAL HEALTH						**CHILD AND MATERNAL HEALTH**			
2001 Low Birth Weight Births (%)	8.6	8.0	8.1	10.5	9.9	7.6	7.4	8.7	9.2
2001 Early Prenatal Care (%)	78.9	75.0	76.1	72.6	81.9	75.6	74.7	79.6	79.3
2001 Women Smoking During Pregnancy (%)	8.1	11.6	13.0	8.5	15.8	14.0	9.4	7.2	9.3
2001 Infant Mortality (rate per 1,000)	5.8	4.1	9.8	4.5	5.9	10.0	6.5	5.7	5.6
2001 Child Deaths (rate per 100,000)	20.6	20.8	45.3	*	27.5	53.4	24.6	22.1	11.6
2001 Teen Deaths - Injuries (rate per 100,000)	48.8	86.2	133.8	*	50.3	197.1	41.0	48.5	54.3
2002 Children Enrolled in Medicaid (%)	15.3	17.8	22.3	36.4	22.6	19.2	13.8	14.7	14.1
2002 Children Enrolled in Child Health Plan Plus (%)	3.1	5.3	6.3	12.3	6.3	5.6	4.4	3.0	2.2
EDUCATION						**EDUCATION**			
2001 High School Graduates (%)	81.2	74.1	84.0	79.1	83.6	82.8	83.3	81.0	80.4
2001 High School Dropouts (%)	2.9	3.4	2.1	2.7	2.9	2.5	3.0	2.6	3.3
2000 Teen Dropouts (% no diploma, not in school)	12.5	11.8	9.6	11.8	9.8	10.8	9.3	13.4	10.8
2000 Idle Teens (% not employed and not in school)	9.2	9.8	7.7	11.0	8.2	6.6	6.4	9.8	8.6

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

Planning and Management Region: Continued	5	6	7	8	9	10	11	12	13	14
POPULATION										
2001 Total Population (#)	37,793	51,639	144,383	46,867	82,426	88,960	185,075	118,139	75,295	23,407
2001 Children Under 18 (#)	10,396	13,344	37,087	13,041	19,815	21,026	47,545	25,244	15,838	5,199
2001 Children Under 5 (#)	2,312	3,447	9,783	3,290	4,663	5,334	12,321	7,403	3,851	1,209
2001 Live Births (#)	404	733	2,008	668	915	1,146	2,562	1,687	729	243
VULNERABLE FAMILIES										
2000 Single Parent Families (%)	16.5	30.2	35.6	30.0	28.9	25.5	26.9	21.7	26.9	33.9
2001 Births to Single Women (%)	19.1	34.9	43.9	34.0	32.8	24.6	23.4	19.9	33.1	35.4
2001 Births to Moms with No High School Diploma (%)	11.1	30.2	26.8	23.8	14.9	23.4	27.6	21.0	22.4	16.5
2001 Teen Births (rate per 1,000 female teens 15-17)	10.3	45.3	35.2	30.5	14.9	24.8	23.4	16.9	28.0	25.4
2001 Repeat Teen Births (%)	8.3	24.8	19.0	24.5	17.9	16.8	19.0	15.8	17.4	12.5
2001 Three Risk Factor Births (%)	4.7	11.6	16.3	10.0	7.8	7.9	8.7	5.6	11.4	10.3
2001 Out-of-Home Placements (rate per 1,000)	9.4	10.7	28.4	16.4	10.4	10.4	15.4	4.0	16.5	15.3
FAMILY ECONOMICS										
2001 Children Enrolled in TANF (per 1,000)	5.1	38.7	23.5	45.6	15.6	15.6	15.2	2.4	16.0	50.5
2001 Children Under 5 Receiving WIC (% monthly average)	20.2	47.6	38.7	40.7	21.9	28.5	12.6	11.6	33.1	41.1
2001 Children Qualifying for Free or Reduced Lunch (%)	12.8	40.7	48.2	48.2	23.0	23.8	23.1	8.6	24.3	39.8
1999 Children in Poverty (%)	9.7	25.9	20.4	25.6	14.9	15.2	11.0	6.9	16.2	21.3
2000 Children Under 6 with All Parents in Labor Force (%)	55.4	55.6	63.2	58.0	61.9	56.6	58.0	62.5	60.3	60.4
CHILD AND MATERNAL HEALTH										
2001 Low Birth Weight Births (%)	7.2	9.3	9.5	10.5	9.3	7.3	6.8	9.8	9.1	9.9
2001 Early Prenatal Care (%)	86.1	71.4	79.2	72.6	60.9	75.9	77.2	78.7	78.9	80.7
2001 Women Smoking During Pregnancy (%)	12.4	11.9	16.6	8.5	8.5	10.8	17.4	5.1	20.6	13.6
2001 Infant Mortality (rate per 1,000)	9.9	9.5	5.5	4.5	*	7.0	3.5	4.7	9.6	*
2001 Child Deaths (rate per 100,000)	*	49.1	17.6	*	26.7	18.8	16.6	25.7	33.1	*
2001 Teen Deaths - Injuries (rate per 100,000)	130.1	*	61.8	*	116.9	60.6	95.2	59.9	*	*
2002 Children Enrolled in Medicaid (%)	11.1	35.5	34.4	36.4	19.2	20.9	21.6	6.7	21.4	32.0
2002 Children Enrolled in Child Health Plan Plus (%)	4.2	9.0	3.3	12.3	7.2	6.4	5.6	2.2	8.1	8.3
EDUCATION										
2001 High School Graduates (%)	86.7	83.7	84.4	79.1	67.0	78.9	72.0	83.8	84.9	76.4
2001 High School Dropouts (%)	0.9	2.4	5.0	2.7	2.8	2.9	4.4	2.1	3.9	2.4
2000 Teen Dropouts (% no diploma, not in school)	8.2	8.9	14.5	11.8	7.4	9.7	13.1	16.0	12.2	11.4
2000 Idle Teens (% not employed and not in school)	5.6	10.8	11.9	11.0	10.1	8.2	10.8	9.1	8.3	12.3

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC

	Colorado	Adams	Alamosa	Arapahoe	Archuleta	Baca	Bent	Boulder	Chaffee	Cheyenne	Clear Creek	Conejos
POPULATION												
2001 Total Population (#)	4,430,914	375,450	15,282	501,846	10,548	4,514	5,865	297,837	16,522	2,228	9,485	8,401
2001 Children Under 18 (#)	1,135,138	106,649	4,193	132,972	2,615	1,052	1,366	68,994	3,246	616	2,107	2,625
2001 Children Under 5 (#)	313,356	31,349	1,079	35,103	573	240	354	18,403	779	129	533	642
2001 Live Births (#)	67,006	6,346	239	7,334	108	48	68	3,975	151	22	105	113
VULNERABLE FAMILIES												
2000 Single Parent Families (%)	26.9	29.9	31.7	27.6	27.5	21.6	32.8	23.8	24.7	16.0	25.1	29.1
2001 Births to Single Women (%)	24.9	28.6	32.6	22.0	25.9	18.8	44.1	17.5	27.2	27.3	15.2	30.1
2001 Births to Moms with No High School Diploma (%)	21.6	26.2	21.8	18.2	23.1	31.3	32.4	16.4	15.9	*	5.7	12.4
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	33.2	28.4	19.7	24.2	25.4	86.6	13.9	19.0	0.0	0.0	16.7
2001 Repeat Teen Births (%)	19.9	21.0	18.2	17.9	18.8	*	22.7	18.0	21.7	0.0	0.0	23.1
2001 Three Risk Factor Births (%)	8.1	10.0	8.4	5.9	8.3	8.3	16.2	5.4	9.3	*	*	7.1
2001 Out-of-Home Placements (rate per 1,000)	12.2	12.7	24.8	10.9	1.6	10.3	17.8	7.1	11.9	11.2	22.2	9.4
FAMILY ECONOMICS												
2001 Children Enrolled in TANF (per 1,000)	15.9	10.0	41.9	10.4	7.9	26.1	30.6	7.0	8.1	2.0	3.6	41.7
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	20.1	61.6	21.1	17.6	53.6	52.5	15.8	24.5	106.6	13.1	+19.3
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	31.3	54.5	20.3	32.8	46.0	55.5	14.6	26.1	27.5	20.2	66.4
1999 Median Household Income ($)	47,203	47,323	29,447	53,570	37,901	28,099	28,125	55,861	34,368	37,054	50,997	24,744
1999 Children in Poverty (%)	11.3	11.4	27.3	7.3	13.3	21.7	27.4	8.2	17.4	13.3	7.1	28.5
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	58.8	66.5	61.6	63.7	58.9	71.2	56.0	61.9	54.7	60.5	52.8
CHILD AND MATERNAL HEALTH												
2001 Low Birth Weight Births (%)	8.6	8.9	14.2	8.3	15.7	6.3	10.3	7.8	7.3	0.0	6.7	8.8
2001 Early Prenatal Care (%)	78.5	76.6	74.1	80.6	58.3	75.0	67.6	85.0	86.1	81.8	95.2	69.9
2001 Women Smoking During Pregnancy (%)	8.7	9.4	11.7	8.8	12.0	8.3	17.6	3.6	15.9	*	4.8	4.4
2001 Infant Mortality (rate per 1,000)	5.8	7.9	*	4.6	0.0	*	58.8	5.3	0.0	0.0	0.0	0.0
2001 Child Deaths (rate per 100,000)	21.7	20.2	0.0	24.4	0.0	0.0	*	13.2	0.0	0.0	0.0	0.0
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	55.1	*	54.5	0.0	0.0	*	37.3	0.0	0.0	0.0	*
2002 Children Enrolled in Medicaid (%)	16.2	18.5	34.7	12.8	19.9	26.7	43.9	8.2	16.3	17.7	12.0	33.2
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	4.5	10.8	2.6	10.1	10.5	5.0	2.4	12.2	5.3	4.2	14.0
EDUCATION												
2001 High School Graduates (%)	80.5	82.6	79.0	87.7	95.4	88.9	93.7	86.8	93.0	87.2	76.3	84.1
2001 High School Dropouts (%)	2.9	2.4	4.2	1.4	0.6	0.6	2.2	2.7	1.9	0.0	2.0	1.7
2000 Teen Dropouts (% no diploma, not in school)	12.1	19.9	11.2	10.0	11.4	2.2	8.5	7.7	8.6	9.0	8.7	6.6
2000 Idle Teens (% not employed and not in school)	9.2	14.6	11.7	7.8	10.7	4.3	10.8	5.1	10.8	7.7	4.7	7.3

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

	Colorado	Costilla	Crowley	Custer	Delta	Denver	Dolores	Douglas	Eagle	Elbert	El Paso	Fremont
POPULATION												
2001 Total Population (#)	4,430,914	3,723	5,446	3,686	28,709	559,610	1,844	200,385	43,497	21,441	533,526	47,209
2001 Children Under 18 (#)	1,135,138	912	1,003	817	6,834	127,800	408	63,198	10,426	6,247	146,395	9,633
2001 Children Under 5 (#)	313,356	213	239	195	1,652	42,888	102	19,045	3,319	1,378	40,420	2,241
2001 Live Births (#)	67,005	42	34	26	332	11,390	19	3,713	788	236	8,513	408
VULNERABLE FAMILIES												
2000 Single Parent Families (%)	26.9	31.3	29.5	21.6	25.5	37.9	26.1	12.4	19.8	13.3	26.1	28.2
2001 Births to Single Women (%)	24.9	42.9	35.3	46.2	28.3	32.8	26.3	5.1	18.9	12.7	25.6	34.8
2001 Births to Moms with No High School Diploma (%)	21.6	38.1	8.8	15.4	28.6	38.0	*	2.3	31.1	5.9	14.2	18.4
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	42.9	*	*	31.0	63.4	0.0	5.0	22.8	12.5	21.7	24.5
2001 Repeat Teen Births (%)	19.9	*	*	*	18.6	21.8	0.0	15.5	21.6	*	18.0	14.7
2001 Three Risk Factor Births (%)	8.1	16.7	*	15.4	9.9	12.4	*	0.8	7.5	2.5	7.1	10.3
2001 Out-of-Home Placements (rate per 1,000)	12.2	31.1	3.9	4.9	6.2	26.3	7.4	1.2	2.8	5.1	9.6	20.6
FAMILY ECONOMICS												
2001 Children Enrolled in TANF (per 1,000)	15.9	70.2	81.8	8.4	20.7	42.5	29.4	0.5	1.3	3.4	20.0	21.8
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	+9.5	39.1	8.4	25.5	+5.6	26.9	2.2	15.4	3.7	23.4	36.7
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	76.2	60.1	24.8	40.7	64.3	34.7	1.9	21.5	10.9	24.2	35.6
1999 Median Household Income ($)	47,203	19,531	26,803	34,731	32,785	39,500	32,196	82,929	62,682	62,480	46,844	34,150
1999 Children in Poverty (%)	11.3	32.4	23.7	20.6	15.3	20.8	10.3	2.1	7.9	5.5	10.4	15.6
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	40.7	55.4	37.4	51.8	54.6	62.5	57.2	59.2	53.0	59.5	64.1
CHILD AND MATERNAL HEALTH												
2001 Low Birth Weight Births (%)	8.6	7.1	17.6	*	6.9	9.5	0.0	8.2	7.7	7.6	9.1	10.3
2001 Early Prenatal Care (%)	78.5	71.4	58.8	80.8	81.3	68.6	68.4	95.1	71.7	89.4	79.1	81.1
2001 Women Smoking During Pregnancy (%)	8.7	*	20.6	23.1	19.3	7.2	0.0	3.4	1.6	11.9	9.1	28.4
2001 Infant Mortality (rate per 1,000)	5.8	*	0.0	0.0	*	5.3	0.0	3.2	*	*	5.9	14.7
2001 Child Deaths (rate per 100,000)	21.7	0.0	*	0.0	*	24.4	0.0	29.6	*	*	12.3	54.2
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	0.0	0.0	0.0	147.1	49.3	0.0	61.5	*	171.4	53.0	*
2002 Children Enrolled in Medicaid (%)	16.2	48.2	40.4	11.4	26.6	29.1	20.8	1.9	6.3	5.6	14.4	22.5
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	15.0	9.3	9.5	6.1	5.4	9.2	1.2	1.4	1.6	2.3	8.1
EDUCATION												
2001 High School Graduates (%)	80.5	75.9	80.0	100.0	86.7	64.5	100.0	93.6	76.2	86.6	79.9	83.3
2001 High School Dropouts (%)	2.9	0.9	1.4	0.0	1.3	4.2	0.0	0.4	2.9	0.5	3.4	3.3
2000 Teen Dropouts (% no diploma, not in school)	12.1	10.6	7.8	7.9	9.5	23.9	6.8	4.8	30.1	8.3	10.5	11.5
2000 Idle Teens (% not employed and not in school)	9.2	18.4	10.4	6.3	11.5	16.9	6.8	3.9	14.2	5.5	8.7	10.1

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

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	Colorado	Garfield	Gilpin	Grand	Gunnison	Hinsdale	Huerfano	Jackson	Jefferson	Kiowa	Kit Carson	Lake
POPULATION												
2001 Total Population (#)	4,430,914	45,931	4,845	12,909	14,012	794	7,857	1,620	531,155	1,598	8,007	7,878
2001 Children Under 18 (#)	1,135,138	12,549	1,016	2,804	2,783	157	1,629	405	132,584	394	2,103	2,142
2001 Children Under 5 (#)	313,356	3,592	270	775	739	46	374	89	33,057	85	500	636
2001 Live Births (#)	67,005	787	43	161	181	8	85	22	6,657	10	89	144
VULNERABLE FAMILIES												
2000 Single Parent Families (%)	26.9	23.0	23.9	22.2	23.8	24.7	33.9	27.7	24.9	23.3	19.4	26.3
2001 Births to Single Women (%)	24.9	27.4	18.6	24.2	16.0	*	35.3	13.6	18.4	40.0	25.8	31.9
2001 Births to Moms with No High School Diploma (%)	21.6	37.0	*	8.1	6.1	*	16.5	*	12.4	*	18.0	41.7
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	31.9	0.0	*	*	*	26.1	*	12.2	*	*	74.3
2001 Repeat Teen Births (%)	19.9	17.0	*	*	*	*	*	*	19.3	*	*	22.7
2001 Three Risk Factor Births (%)	8.1	11.6	*	3.7	1.7	*	10.6	*	5.1	*	6.7	16.0
2001 Out-of-Home Placements (rate per 1,000)	12.2	8.9	8.9	7.2	6.0	38.0	19.5	12.4	7.8	2.4	10.9	10.0
FAMILY ECONOMICS												
2001 Children Enrolled in TANF (per 1,000)	15.9	10.0	9.4	7.7	7.2	24.4	43.0	22.8	8.5	14.6	10.1	44
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	20.1	0.0	10.2	21.2	0.0	37.7	34.1	13.5	31.0	30.9	38.3
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	22.7	8.5	15.0	13.7	20.0	51.6	29.7	14.8	40.0	39.9	47.3
1999 Median Household Income ($)	47,203	47,016	51,942	47,759	36,916	37,279	25,775	31,821	57,339	30,494	33,152	37,691
1999 Children in Poverty (%)	11.3	8.8	3.1	8.4	10.3	0.0	24.2	22.9	6.2	11.9	16.8	15.7
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	53.8	76.3	68.4	61.1	70.9	62.6	60.7	61.5	50.4	57.4	52.1
CHILD AND MATERNAL HEALTH												
2001 Low Birth Weight Births (%)	8.6	7.0	7.0	11.2	8.8	*	12.9	*	8.4	*	10.1	7.6
2001 Early Prenatal Care (%)	78.5	60.7	95.3	82.0	92.3	87.5	80.0	81.8	88.0	70.0	79.8	64.6
2001 Women Smoking During Pregnancy (%)	8.7	10.7	*	18.6	6.1	*	21.2	18.2	7.6	0.0	11.2	2.8
2001 Infant Mortality (rate per 1,000)	5.8	5.1	0.0	*	22.1	0.0	*	0.0	7.2	0.0	*	*
2001 Child Deaths (rate per 100,000)	21.7	*	*	*	0.0	0.0	0.0	0.0	19.6	0.0	0.0	0.0
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	175.8	0.0	*	0.0	0.0	0.0	0.0	41.2	0.0	0.0	0.0
2002 Children Enrolled in Medicaid (%)	16.2	16.7	11.2	9.6	12.8	21.7	34.9	19.5	9.0	13.2	18.5	27.7
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	4.0	2.7	4.0	4.0	6.1	10.3	8.1	2.4	6.2	13.2	5.8
EDUCATION												
2001 High School Graduates (%)	80.5	82.3	89.2	89.4	86.3	80.0	75.9	95.7	77.8	100.0	92.6	64.1
2001 High School Dropouts (%)	2.9	2.4	2.5	1.8	2.3	0.0	5.2	1.9	3.4	1.6	1.2	13.9
2000 Teen Dropouts (% no diploma, not in school)	12.1	13.4	5.4	4.3	1.8	10.0	11.5	5.1	8.5	3.4	5.4	22.4
2000 Idle Teens (% not employed and not in school)	9.2	8.2	0.0	4.9	3.1	0.0	9.5	7.1	6.5	0.8	3.4	10.9

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

	Colorado	La Plata	Larimer	Las Animas	Lincoln	Logan	Mesa	Mineral	Moffat	Montezuma	Montrose	Morgan
POPULATION												
2001 Total Population (#)	4,430,914	45,475	259,707	15,550	6,117	21,920	119,968	843	13,190	23,999	34,601	27,623
2001 Children Under 18 (#)	1,135,138	10,225	61,705	3,570	1,430	5,218	29,779	172	3,681	6,464	9,150	8,296
2001 Children Under 5 (#)	313,356	2,354	15,918	835	305	1,355	7,492	36	908	1,611	2,378	2,336
2001 Live Births (#)	67,005	472	3,281	158	57	259	1,492	5	217	312	510	490
VULNERABLE FAMILIES												
2000 Single Parent Families (%)	26.9	29.1	23.6	33.9	25.7	25.1	28.7	20.4	26.3	28.9	25.9	23.6
2001 Births to Single Women (%)	24.9	30.9	21.8	35.4	31.6	32.4	20.4	*	28.6	38.8	27.1	35.9
2001 Births to Moms with No High School Diploma (%)	21.6	10.8	12.4	16.5	24.6	16.6	23.5	*	25.3	18.6	28.4	42.9
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	6.8	18.7	25.1	*	25.2	21.8	0.0	12.1	27.3	28.8	42.7
2001 Repeat Teen Births (%)	19.9	19.1	17.4	10.0	*	27.9	19.8	*	21.9	16.3	16.7	22.7
2001 Three Risk Factor Births (%)	8.1	5.9	6.5	10.1	12.3	8.1	7.3	*	8.3	10.9	9.4	15.5
2001 Out-of-Home Placements (rate per 1,000)	12.2	8.3	8.1	13.5	24.3	19.7	18.6	12.1	10.3	16.8	15.6	20.3
FAMILY ECONOMICS												
2001 Children Enrolled in TANF (per 1,000)	15.9	9.7	11.1	53.9	6.6	13.0	18.6	26.6	9.1	27.4	16.9	25.9
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	18.7	12.9	42.7	40.5	31.7	+7.4	0.0	21.6	27.8	36.8	37.1
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	25.3	17.8	54.4	26.5	36.8	37.2	23.0	23.7	42.1	37.9	49.9
1999 Median Household Income ($)	47,203	40,159	48,655	28,273	31,914	32,724	35,864	34,844	41,528	32,083	35,234	34,568
1999 Children in Poverty (%)	11.3	9.7	7.3	20.1	14.5	13.5	12.2	18.7	8.5	23.6	17.8	15.7
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	61.8	59.8	59.4	62.7	65.2	59.6	52.6	59.2	61.4	57.5	54.7
CHILD AND MATERNAL HEALTH												
2001 Low Birth Weight Births (%)	8.6	10.4	7.0	8.2	*	6.9	6.4	*	7.8	6.1	7.8	7.1
2001 Early Prenatal Care (%)	78.5	61.9	80.6	81.0	84.2	76.8	84.9	60.0	82.9	59.9	66.7	70.8
2001 Women Smoking During Pregnancy (%)	8.7	8.9	11.6	9.5	19.3	18.9	20.5	*	20.7	7.1	8.8	12.2
2001 Infant Mortality (rate per 1,000)	5.8	*	5.2	0.0	0.0	15.4	2.7	0.0	*	0.0	5.9	8.2
2001 Child Deaths (rate per 100,000)	21.7	*	25.4	*	0.0	*	13.2	0.0	*	60.2	*	*
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	*	27.4	*	*	*	83.4	0.0	0.0	381.3	*	276.8
2002 Children Enrolled in Medicaid (%)	16.2	14.3	12.2	30.8	21.5	19.7	24.5	49.4	17.3	26.5	21.7	21.2
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	6.3	4.5	7.8	2.9	5.4	6.9	20.0	6.5	8.5	8.9	5.2
EDUCATION												
2001 High School Graduates (%)	80.5	64.1	86.7	76.6	78.0	84.6	66.5	62.5	78.1	64.3	69.5	74.9
2001 High School Dropouts (%)	2.9	2.3	2.2	1.1	2.4	2.1	5.6	0.0	3.8	4.7	3.9	3.6
2000 Teen Dropouts (% no diploma, not in school)	12.1	5.7	7.3	11.3	10.9	8.0	13.2	0.0	13.9	10.2	14.3	16.8
2000 Idle Teens (% not employed and not in school)	9.2	6.5	4.7	13.4	7.6	6.3	11.2	0.0	16.7	10.0	10.0	9.9

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

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	Colorado	Otero	Ouray	Park	Phillips	Pitkin	Prowers	Pueblo	Rio Blanco	Rio Grande	Routt
POPULATION											
2001 Total Population (#)	4,430,914	19,976	3,888	15,301	4,511	15,227	14,240	144,383	5,986	12,518	20,551
2001 Children Under 18 (#)	1,135,138	5,298	876	3,610	1,196	2,597	4,231	37,087	1,536	3,446	4,610
2001 Children Under 5 (#)	313,356	1,365	193	910	311	684	1,164	9,783	329	885	1,137
2001 Live Births (#)	67,005	311	37	165	53	164	262	2,008	66	176	223
VULNERABLE FAMILIES											
2000 Single Parent Families (%)	26.9	33.5	23.9	17.3	18.0	25.9	28.3	35.6	23.8	29.0	22.5
2001 Births to Single Women (%)	24.9	43.7	16.2	18.2	18.9	22.6	24.8	43.9	25.8	38.1	18.8
2001 Births to Moms with No High School Diploma (%)	21.6	24.8	*	8.5	26.4	11.6	38.9	26.8	15.2	22.2	9.4
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	40.0	*	9.7	31.3	16.3	52.9	35.2	18.6	31.5	*
2001 Repeat Teen Births (%)	19.9	22.2	*	26.7	*	*	30.4	19.0	*	40.0	*
2001 Three Risk Factor Births (%)	8.1	13.8	*	5.5	7.5	1.8	9.2	16.3	7.6	11.4	3.1
2001 Out-of-Home Placements (rate per 1,000)	12.2	12.0	7.0	8.7	7.5	1.1	9.2	28.4	18.5	12.8	2.4
FAMILY ECONOMICS											
2001 Children Enrolled in TANF (per 1,000)	15.9	37.7	4.9	2.0	2.0	1.5	37.9	23.5	7.2	47.6	0.9
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	54.6	9.2	8.0	35.1	5.4	39.6	38.7	24.9	+24.4	4.8
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	55.3	17.6	14.7	30.7	0.8	53.6	48.2	20.1	50.3	9.2
1999 Median Household Income ($)	47,203	29,738	42,019	51,899	32,177	59,375	29,935	32,775	37,711	31,836	53,612
1999 Children in Poverty (%)	11.3	26.4	8.0	6.2	15.1	4.5	27.7	20.4	12.2	18.8	5.7
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	62.3	49.2	58.1	65.9	55.0	42.9	63.2	61.1	60.5	69.2
CHILD AND MATERNAL HEALTH											
2001 Low Birth Weight Births (%)	8.6	9.6	*	12.1	*	12.8	8.0	9.5	7.6	8.0	8.1
2001 Early Prenatal Care (%)	78.5	78.5	73.0	86.7	77.4	84.8	64.9	79.2	81.8	77.3	93.7
2001 Women Smoking During Pregnancy (%)	8.7	12.9	0.0	15.8	5.7	3.7	9.2	16.6	15.2	6.8	9.0
2001 Infant Mortality (rate per 1,000)	5.8	*	0.0	0.0	*	*	*	5.5	0.0	0.0	*
2001 Child Deaths (rate per 100,000)	21.7	*	0.0	0.0	*	151.6	*	17.6	0.0	0.0	0.0
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	*	0.0	*	0.0	0.0	0.0	61.8	0.0	0.0	0.0
2002 Children Enrolled in Medicaid (%)	16.2	36.3	10.5	5.4	15.1	2.4	34.9	34.4	17.0	35.5	6.6
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	8.8	4.2	2.9	6.3	1.4	12.5	3.3	3.8	14.8	4.9
EDUCATION											
2001 High School Graduates (%)	80.5	81.6	88.9	93.1	83.8	96.2	78.4	84.4	93.7	80.2	87.5
2001 High School Dropouts (%)	2.9	2.2	0.8	1.9	2.4	1.4	3.6	5.0	0.9	2.7	1.5
2000 Teen Dropouts (% no diploma, not in school)	12.1	6.5	4.3	2.0	4.2	12.4	14.8	14.5	8.3	13.7	4.0
2000 Idle Teens (% not employed and not in school)	9.2	11.8	1.2	4.4	1.7	8.5	12.5	11.9	9.0	10.8	4.1

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC

	Colorado	Saguache	San Juan	San Miguel	Sedgwick	Summit	Teller	Washington	Weld	Yuma
POPULATION										
2001 Total Population (#)	4,430,914	6,100	560	6,956	2,722	24,335	21,827	4,898	194,382	9,900
2001 Children Under 18 (#)	1,135,138	1,693	103	1,226	618	4,402	5,531	1,250	54,727	2,737
2001 Children Under 5 (#)	313,356	435	23	326	162	1,399	1,250	294	15,476	660
2001 Live Births (#)	67,005	93	4	78	33	329	236	39	3,155	123
VULNERABLE FAMILIES										
2000 Single Parent Families (%)	26.9	29.4	46.3	28.3	22.5	21.7	20.1	19.8	24.5	19.6
2001 Births to Single Women (%)	24.9	31.2	0.0	17.9	24.2	20.1	22.9	33.3	26.5	26.0
2001 Births to Moms with No High School Diploma (%)	21.6	40.9	*	17.9	12.1	16.7	7.6	23.1	32.0	35.0
2001 Teen Births (rate per 1,000 female teens 15-17)	25.3	53.7	0.0	*	0.0	26.3	*	*	38.1	12.2
2001 Repeat Teen Births (%)	19.9	*	0.0	*	0.0	*	11.5	*	24.2	*
2001 Three Risk Factor Births (%)	8.1	12.9	*	5.1	*	5.2	4.2	12.8	10.9	11.4
2001 Out-of-Home Placements (rate per 1,000)	12.2	9.4	37.7	4.1	8.0	7.4	15.3	26.1	11.3	16.8
FAMILY ECONOMICS										
2001 Children Enrolled in TANF (per 1,000)	15.9	45.4	11.3	3.2	5.5	1.9	7.3	9.5	9.5	11.7
2001 Children Under 5 Receiving WIC (% monthly average)	16.7	72.5	28.6	14.6	30.7	10.6	16.1	17.6	+4.5	38.8
2001 Children Qualifying for Free or Reduced Lunch (%)	28.0	76.0	53.2	15.6	43.5	11.4	15.9	38.6	39.1	41.8
1999 Median Household Income ($)	47,203	25,495	30,764	48,514	28,278	56,587	50,165	32,431	42,321	33,169
1999 Children in Poverty (%)	11.3	28.0	29.4	12.5	13.9	4.9	7.6	16.7	14.9	16.0
2000 Children Under 6 with All Parents in Labor Force (%)	58.9	49.0	69.2	69.4	60.5	65.0	51.7	67.3	58.2	60.1
CHILD AND MATERNAL HEALTH										
2001 Low Birth Weight Births (%)	8.6	8.6	0.0	3.8	15.2	14.0	12.7	*	7.9	12.2
2001 Early Prenatal Care (%)	78.5	64.5	*	75.6	90.9	80.5	80.9	76.9	68.6	87.0
2001 Women Smoking During Pregnancy (%)	8.7	10.8	*	*	18.2	4.0	10.6	23.1	7.0	10.6
2001 Infant Mortality (rate per 1,000)	5.8	*	0.0	0.0	0.0	9.1	0.0	0.0	7.9	*
2001 Child Deaths (rate per 100,000)	21.7	*	0.0	0.0	0.0	0.0	0.0	*	23.6	*
2001 Teen Deaths - Injuries (rate per 100,000)	56.1	0.0	0.0	0.0	*	0.0	*	0.0	58.4	*
2002 Children Enrolled in Medicaid (%)	16.2	39.7	29.1	9.2	13.9	7.5	11.8	13.2	15.6	17.8
2002 Children Enrolled in Child Health Plan Plus (%)	3.9	9.9	15.0	3.5	10.6	1.5	3.8	6.4	5.0	6.7
EDUCATION										
2001 High School Graduates (%)	80.5	70.5	81.8	92.3	97.3	79.9	84.3	90.9	78.6	90.2
2001 High School Dropouts (%)	2.9	2.8	1.5	0.7	0.0	1.9	1.6	2.0	4.0	1.4
2000 Teen Dropouts (% no diploma, not in school)	12.1	20.7	0.0	14.1	3.8	11.2	6.6	4.5	12.0	8.2
2000 Idle Teens (% not employed and not in school)	9.2	11.2	0.0	8.4	4.5	7.5	8.8	2.6	8.7	2.5

* One or two reported events. Rates based on small numbers should be viewed with caution. +See data definition for WIC.

DATA DEFINITIONS

The Colorado Children's Campaign relies on data from federal, state and local agencies. These sources are the final authority relating to the quality of any data. Please note that all vital statistics data are reported by place of residence, not place of birth or death.

Events that occurred in Broomfield County during the period 11/15/2001 – 12/31/2001 have been geographically assigned to Adams, Boulder, or Jefferson County.

POPULATION

Population figures (number)
Population by age provided by the Colorado Demography Section, Colorado Department of Local Affairs.

Live births (number)
Live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

VULNERABLE FAMILIES

Single parent families (percent)
Families with children headed by a single parent per 100 families with children provided by the US Census Bureau, Census 2000 Summary File 1, Table P35.

Births to single women (percent)
Births to unmarried women per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to moms with no high school diploma (percent)
Births to women who have no high school diploma or equivalent degree per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Teen births (rate per 1,000)
Live births to girls ages 15-17 per 1,000 Colorado female teens of that age (age-specific fertility rate) provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

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Repeat teen births (percent)
Births to women age 19 and younger who had a previous live birth per 100 live births to women age 19 and younger provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Three risk factor births (percent)
Births to unmarried women under 25 years of age with less than a high school education per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Out-of-home placements (rate per 1,000)
Number of children removed from their homes by the Department of Human Services per 1,000 children under age 18 provided by the Child Welfare Services Division, Colorado Department of Human Services. Out-of-home placements include family foster care, specialized group homes, residential child care facilities, independent living situations, foster care with relatives, residential treatment centers, detention, legal risk adoptions, medical care, and both emergency and non-emergency placements in receiving or shelters.

FAMILY ECONOMICS

Children enrolled in TANF (rate per 1,000)
Number of children under age 18 receiving Temporary Assistance to Needy Families provided by the Colorado Department of Human Services. The rate is the monthly average number of children receiving TANF during 2001 per 1,000 children. Calculations performed by the Colorado Children's Campaign.

Children under 5 receiving WIC (percent)
Number of infants and children under age 5 receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children provided by the Colorado Department of Public Health & Environment. The rate is the monthly average number of children served by WIC per 100 children under 5 years of age. **Note:** Some county WIC programs provide services to children from other counties. Gilpin, Hinsdale and Mineral counties do not have a WIC program and children in these counties are served by neighboring counties. Children in Conejos, Costilla, Denver, Mesa, Rio Grande and Weld counties are served both by WIC and CSFP (Commodities Supplemental Food Program), with relatively few being served by WIC.

Children qualifying for free or reduced price lunch (percent)
Percent of children in public school who qualify for free or reduced price school lunches in school year 2000-2001 provided by the Colorado Department of Education. Public school children qualify for free lunches if their family's income is less than 130% of the federal poverty level. Public school children qualify for reduced price lunches if their family's income is less than 185% of the federal poverty level.

Median household income (dollars)
Median household income in 1999 provided by the US Census Bureau, Census 2000 Summary File 3, Table P53.

Children in poverty (percent)
Number of children under age 18 living in families with income below the poverty level in 1999 per 100 children living in families provided by the US Census Bureau, Census 2000 Summary File 3, Table P87.

Children under 6 with all parents in labor force (percent)
Number of children under age 6 with all parents (all parents with whom they live) in the labor force per 100 children under age 6 provided by the US Census Bureau, Census 2000 Summary File 3, Table P46.

CHILD AND MATERNAL HEALTH

Low birth weight births (percent)
Babies born weighing 5.5 pounds or less (less than 2500 grams) per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Early prenatal care (percent)
Births in which prenatal care was initiated in the first trimester of pregnancy per 100 live births with known start of prenatal care provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Women smoking during pregnancy (percent)
Births in which women reported smoking during pregnancy on infant's birth certificate per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Please note that this data is most likely underreported on birth certificates across the state due to mothers knowing they shouldn't smoke during pregnancy.

Infant mortality (rate per 1,000)
Deaths during the first year of life per 1,000 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Child deaths (rate per 100,000)
Deaths per 100,000 children age 1 to 14 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides and suicides).
Note: This indicator differs from KidsCount reports prior to 2001 to be more consistent with the Colorado Vital Statistics series of reports.

Teen deaths – injuries (rate per 100,000)
Deaths due to intentional and unintentional injuries per 100,000 teens age 15 to 19 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths due to homicide, suicide and accidents.

Children enrolled in Medicaid (percent)
Number of children enrolled in Medicaid as of May 2002 per 100 children under age 19 in Colorado provided by the Colorado Department of Health Care Policy and Financing. Population estimates for 2001 provided by the Colorado Demography Section, Colorado Department Local Affairs. Calculations performed by the Colorado Children's Campaign.

Children enrolled in Child Health Plan Plus (percent)
Number of children enrolled in Child Health Plan Plus (CHP+) as of December 2002 per 100 children under age 19 in Colorado provided by Policy Studies Inc. (PSI). Population estimates for 2001 provided by the Demography Section, Colorado Department Local Affairs. Calculations performed by the Colorado Children's Campaign.

EDUCATION

High school graduates (percent)
The 2000-2001 graduation rate is based on all students reported by school districts, who were enrolled in 9th grade in the 1997-98 school year. The rate includes students who transferred into, and excludes students who transferred out of, the class of 2001. The membership base of a school can be adjusted for a student reported as a dropout during the prior school year if the school has documentation that the student entered an education program subsequently. The 2000-2001 graduation rate provided by the Colorado Department of Education.

High school dropouts (percent)
The 2000-2001 dropout rate is the percentage all students enrolled in grades 7-12 who left school during the school year and are not known to have transferred to other public or private schools. In accordance with a 1993 legislative mandate, the drop-out rate calculation excludes expelled students. The 2000-2001 public school dropout rate provided by the Colorado Department of Education.

Teen dropouts (percent)
Number of teens age 16 to 19 not enrolled in school and not a high school graduate (or equivalent) per 100 teens age 16 to 19 provided by the US Census Bureau, Census 2000 Summary File 3, Table P38.

Idle teens (percent)
Number of teens age 16 to 19 not enrolled in school and not working per 100 teens age 16 to 19 provided by the US Census Bureau, Census 2000 Summary File 3, Table P38.

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